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ABSTRACT

Currently available information makes a compelling case for investing in efforts to help families overcome child care, early education, and school-age care challenges and obtain the quality early learning and after-school experiences needed for children to succeed. This book presents a series of fact sheets concerning child care, early education, and school-age care, and information on major programs and policies in these areas. The book is designed to provide information in a format that can be easily adapted to various individual and organizational needs, and is organized in five parts. Part 1 discusses the importance of child care, early education, and school-age programs to all families. Part 2 examines barriers families encounter in locating affordable, quality child care, early education, and school-age care, including information on availability and cost of quality care, and groups facing particular hardship in locating good quality care. Part 3 discusses programs and policies that support child care and early education, including an overview of the roles of government, community organizations, and the private sector. Part 4 focuses on the broad support for quality child care, early education, and school-age programs among parents, public officials, and others, including findings from multiple polls demonstrating strong support for investments in these areas. Each section contains references. The book's appendices include tables of state-by-state data on maternal labor force participation, number of regulated child care settings, percent of schools offering extended-day programs, and other relevant information. Also appended is a list of relevant organizations and data sources. (KB)

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KEY FACTS

ESSENTIAL INFORMATION ABOUT CHILD CARE, EARLY EDUCATION, AND SCHOOL-AGE CARE

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Children's Defense Fund

November 1999

About Children's Defense Fund

The mission of the Children's Defense Fund is to *Leave No Child Behind*® and to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective voice for *all* the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick or into trouble, drop out of school, or suffer family breakdown. CDF began in 1973 and is a private, nonprofit organization supported by foundations, corporation grants, and individual donations. We have never taken government funds.

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INTRODUCTION

This briefing book includes a series of fact sheets concerning child care, early education and school-age care, as well as information on major child care, early education, and school-age policies and programs. It is designed to provide useful information in a format that can be easily adapted to various individual and organizational needs. Together, these fact sheets make a compelling case for investing in efforts to help children and families overcome the myriad child care, early education and school-age challenges they face each day so that they can get the quality early learning and after-school experiences they need to succeed.

Key Facts is organized into five parts. Part I describes why child care, early education and school-age programs are important to all families. It includes facts about the value of quality early learning experiences and their impact on preparing children for school, as well as facts about the role of child care in helping families work.

Part II examines the specific barriers families encounter in trying to find affordable, quality child care, early education and school-age care. It includes information on the limited availability of quality care, the high cost of child care, the tradeoffs families make to afford care, and the inadequacy of the supply of care. Part II also includes information on groups that face particular hardships accessing good quality care—low-income children, very young children, school-age children and children with disabilities and other special needs.

Part III discusses programs and policies that support child care and early education. It begins with an overview of the roles played by federal, state, and local governments, as well as community organizations and the private sector. Part III also includes fact sheets on child care policies, Head Start, state prekindergarten initiatives, and the Child and Adult Care Food Program.

Part IV focuses on the broad support for quality child care, early education and school-age programs among parents, public officials, and others. It includes results from multiple polls demonstrating strong support for investments in these areas, as well as the voices of individual parents, children, teachers and employers speaking about their experiences with child care, early education, and school-age care.

Part IV consists of tables that include state-by-state data on: maternal labor force participation; the number of regulated child care settings; the percent of schools offering extended-day programs; allocations of the child care funds available through the Child Care and Development Block Grant (CCDBG); the number of eligible children participating in CCDBG; investments and enrollment data for state prekindergarten initiatives; the number of children participating in Head Start; the number of children and programs participating in the CACFP; selected state licensing regulations for child care; the cost of child care in selected areas of each state; and dependent care tax credits.

Overview of Child Care, Early Education, and School-Age Care

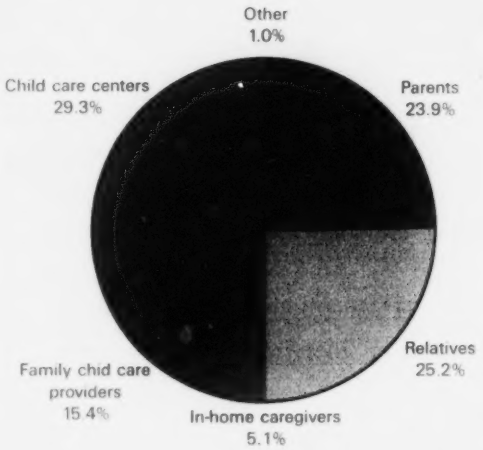
Child care, early education, and school-age care are a part of the daily lives of millions of American families. The majority of children have working parents who need affordable, quality care that ensures that their children are safe and well cared for during working hours. Whether they work outside the home or not, parents also want their children to have the benefit of a strong early learning experience so that they arrive at school prepared to read and to succeed. Parents seek safe places and constructive activities during the before- and after-school hours for their older children as well.

Child care and early education are necessities for millions of American families. Children of all income levels are cared for by someone other than their parents every day.

- Each day, an estimated 13 million children under age six—including children with mothers who work outside the home and those with mothers who do not—spend some or all of their day being cared for by someone other than their parents.[1] Many of these children enter non-parental care by 11 weeks of age, and often stay in some form of child care until they enter school.[2]
- In 1995, nearly three out of four preschool children (ages three to five)—including both those with working mothers and those with mothers who were not working outside the home—were in some form of non-parental care.[3]
- In 1995, nearly 60 percent of all children under age six, regardless of their mother's work status, were in some form of non-parental care, including:[4]
  - 45 percent of children less than the age one,
  - 50 percent of children age one,
  - 54 percent of children age two,
  - 68 percent of children age three,
  - 78 percent of children age four, and
  - 84 percent of children age five.
- Many families in which the mother is *not working* outside the home use child care or early education for their children. In 1995, 32 percent of children younger than six (and not yet in kindergarten) whose mothers were not in the labor force were in some kind of child care or early education arrangement.[5] According to 1998 school enrollment data, nearly one-half of children between three and five (and not yet in kindergarten) whose mothers were not in the labor force were enrolled in prekindergarten.[6]

- Many children are in care for several hours or more each working day. In 1990, children younger than five whose mothers were employed were in child care centers and family child care homes between 35 and 40 hours per week, on average, while their mothers were working.[7]
- In 1994, 10.3 million children younger than five had working mothers. Nearly half of these children (45 percent) were cared for in child care centers—which include nursery schools, Head Start, and prekindergarten programs—or family child care homes.[8]

Child Care Arrangements for Children Younger than Five with Working Mothers, 1994



Definitions of Child Care Settings:

Child care centers – care provided in non-residential facilities, usually for 13 or more children.

Family child care providers – care provided in a private residence other than the child's home.

In-home caregivers – care provided within the child's home, by a person other than a parent or relative.

Relative care – care provided by a related person other than the parent, either in the child's or the relative's home.

Child care and early education provide important early learning experiences for children to help prepare them to read, and are particularly important for low-income children and children with other risk factors.

- The early childhood years are particularly important to children's development and future success. A Carnegie Corporation study noted that the first three years of life are critical in children's brain development, and that their brain development is far more susceptible to adverse influences than had been realized. Specifically, "the quality of young children's environment and social experience has a decisive, long-lasting impact on their well-being and ability to learn."[9]
- Reading difficulties in young children can be prevented if children arrive in the first grade with strong language and cognitive skills and the motivation to learn to read, which are needed to benefit from classroom instruction.[10]

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- The latest findings from a long-term study of children from socially and racially diverse backgrounds show that the quality of care affects children's learning ability. The study found modest but significant differences in school readiness scores of children in high quality care and those in low quality care, with children who had attended high quality programs more likely to perform above average. The children in high quality care also scored higher in their ability to express and understand language.[11]

- A major study has been following a group of children to compare the development of children in high quality child care with that of children in lower quality child care. Researchers have thus far tracked the children's progress from age three through second grade. At the end of this most recent study period, children in high quality care demonstrated greater mathematic ability, greater thinking and attention skills, and fewer behavioral problems. These differences held true for children from a range of family backgrounds, with particularly significant effects for children at risk.[12]

- A 1999 study found that low-income children who received comprehensive, quality early educational intervention had higher scores on cognitive, reading, and math tests than a comparison group of children who did not receive the intervention. These effects persisted through age 21. Young people who had participated in the early education program also were more likely to attend a four-year college and to delay parenthood. Mothers whose children participated in the program achieved higher educational and employment status as well, with particularly strong results for teen mothers.[13]

- Early childhood programs can result in significant cost savings in both the short and long-term. For example, a study of the long-term impact of a good early childhood program for low-income children found that after 27 years, each $1.00 invested saved over $7.00 by increasing the likelihood that children would be literate, employed, and enrolled in postsecondary education, and making them less likely to be school dropouts, dependent on welfare, or arrested for criminal activity or delinquency.[14] A study of the short-term impact of the Colorado prekindergarten program found that it resulted in cost savings of $4.7 million over just three years in reduced special education costs.[15]

- Studies have found that children who attend quality after-school programs have better peer relations, emotional adjustment, grades, and conduct in school compared to their peers who are not in programs. They have more learning opportunities, academic or enrichment activities, and spend less time watching television.[16] Research has also demonstrated that children who are under adult supervision, in programs or at home, have better social skills and higher self-esteem than their peers who are unsupervised after school.[17]

Child care keeps America working—it is a fundamental part of the economic fabric of this country.

- In 1998, two out of three (65 percent) women with children younger than six, and three-quarters (78 percent) of women with children ages six to 17, were in the labor force. In addition, growing numbers of women with very young children are in the work force—62 percent of women with children younger than three were in the labor force in 1998.[18] All of these working mothers must find someone to care for their children in order to work.
- Women often play a major role in supporting their families financially. A 1995 study found that 55 percent of the women interviewed contributed half or more of their household income (18 percent contributed all, 11 percent more than half, and 26 percent contributed half). Even among employed women in married couples, 48 percent contributed half or more of their household income.[19]
- Women's financial contribution accounts for most of the increase in the median income of married couples with children between 1969 and 1996. Without the earnings of the wives, the earnings of these families would have increased by only 2 percent over the period, rather than 25 percent.[20]
- Child care is critical to worker productivity. A lack of reliable child care can cause workers to lose time and be less productive at work. For example, a 1990 study found that nearly one out of every six mothers employed outside the home reported losing some time from work during the previous month due to a failure in their regular child care arrangements.[21] Similar studies have found even higher rates for low-income mothers.[22]
- Child care and early childhood education providers make a sizable contribution to the economy as small business owners. Hundreds of thousands of child care providers in this country operate as small businesses and contribute to the national tax base. In 1997, the receipts of taxable child care providers totaled $12.8 billion, up from $5.4 billion in 1988. The revenues of tax-exempt child care businesses equaled $5.9 billion in 1997, up from $2.4 billion in 1988.[23] These providers also help the national economy by keeping children safe and healthy while their parents work.

Many children across the nation are in poor quality care, and are not getting the early care and education they need to be safe and to get a strong start. Low-income children face particular difficulties in getting the care that can help them succeed.

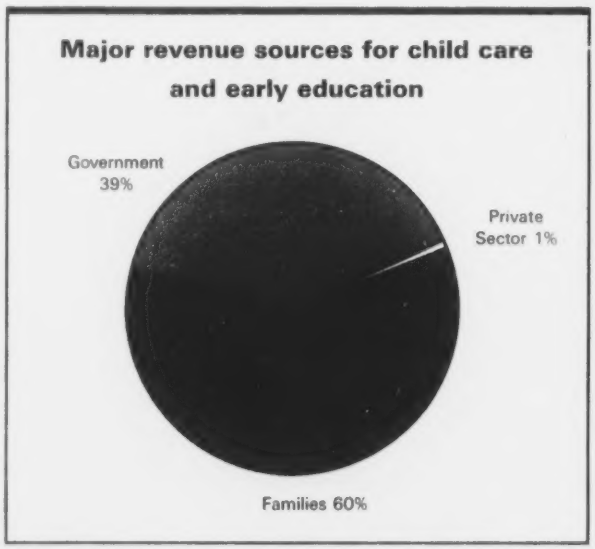
- Kindergarten teachers estimate that one in three children enters the classroom unprepared to meet the challenges of school.[24]
- National studies have found serious problems with the quality of child care:
  - A study of the quality of child care centers found that *"child care at most centers in the United States is poor to mediocre."* It found that one in eight centers (12 percent) provided less than minimal quality care—care that jeopardizes children's health, safety, and development—and only one in seven (14 percent) received a rating of good quality care for children overall.[25]
  - Care in child care centers was of particularly poor quality for infants and toddlers—fully 40 percent of the rooms serving infants in child care centers provided less than minimal quality care, and only one in twelve (8 percent) received a rating of good quality care for this age group.[26]
  - A national study of child care in family-based settings found equally alarming patterns in family child care programs, which many parents use to care for their younger and more vulnerable children. This study found that *over one-third* of the programs were rated as inadequate, which means that their quality was low enough to actually harm children's development. Only 9 percent of the homes in the study were rated as good quality, which was defined as enhancing the growth and development of children.[27]
  - The study of family child care programs found that low-income and minority children in family-based settings were more likely to be in lower quality programs than other children.
- A Carnegie Corporation study noted that children in low- and moderate-income families are more likely to be cared for in settings that do not meet quality standards, and that there are long waiting lists at the high-quality programs that exist for these families.[28]
- In 1998, only 42 percent of children who were between the ages of three and five but not yet in kindergarten, living in families earning less than $15,000, were enrolled in public or private prekindergarten, compared with 65 percent of children the same age whose parents earned $50,000 and above.[29]

- Quality school-age care is unavailable for many children and in many communities. Nearly 5 million school-age children spend time without adult supervision every week. Opportunities for children to participate in constructive activities when they are not in school are particularly lacking in low-income communities.[30]

The high cost of child care and early education puts quality care out of reach for many families.

- Full-day child care easily costs $4,000 to $10,000 per year--at least as much as college tuition at a public university.[31] Yet, one out of three families with young children earns less than $25,000 a year[32] and a family with both parents working full time at the minimum wage earns only $21,400 a year.

- Families pay the bulk of child care costs (60 percent), with government (federal, state and local) paying 39 percent, and the private sector (business and philanthropy) contributing less than one percent. In contrast, families pay only about 23 percent of the cost of a public college education, with government and the private sector paying the rest.[33]



- Even though some child care assistance is available for low-income families, funds are severely limited. Currently, no state serves all families eligible under federal guidelines. Nationally, only 1 in 10 eligible children who need help are getting any assistance.[34]

Child care, early education and school-age programs are in short supply across the country. Low-income families, families with infants, school-age children, and children with special needs, and families working non-traditional hours have particular difficulty finding care.

- In a 1997 study by the U.S. General Accounting Office (GAO), a large gap was found between the supply and demand of child care for infants and school-aged children in the following selected sites:[35]

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- In the nonpoor areas of Chicago, the supply was sufficient to meet only 22 percent of the demand for infant care, and 21 percent of the demand for school-age care.
- In Linn County, Oregon, the supply was sufficient to meet 48 percent and 49 percent of the demand for infant and school-age care, respectively.
- In Baltimore City, Maryland, the supply was sufficient to meet 48 and 75 percent of the demand for infant and school-age care, respectively.

- In a 1995 study by the GAO, all seven states surveyed indicated shortages of care during non-traditional hours and care for infants, and six of the states indicated a shortage of special needs care.[36]
- Child care resource and referral agencies (CCR&Rs) in states and across the country provide evidence of shortages of infant and toddler care. For example, in California in 1998, 33 percent of children whose parents requested referrals for child care were infants under two, but only 4 percent of the center-based slots were licensed for children of this age group.[37]
- A national study found that more affluent counties had two to three times the supply of preschool programs per capita as low-income communities, meaning that low-income families have far less access to the preschool programs that enable parents to work and children to receive the early learning experiences that allow them to enter school ready to succeed.[38]
- School-age programs are scarce in many low-income communities. In 1993, only 33 percent of schools in low-income neighborhoods offered before- and after-school programs, compared to over 50 percent of schools in affluent neighborhoods.[39]

Federal, state, and local government and private and public organizations are partners in supporting child care and early education.

- The majority of public funds to support child care and early education are provided by the federal government. The federal government helps low-income families afford child care, through Head Start and Early Start makes comprehensive programs available to children from birth to five in poverty, provides funds to enhance the quality of child care, supports meals and snacks in child care and after-school programs, allows families to claim tax credits for some of their child care expenses, enables communities to increase the availability of school-age programs, and ensures that children with special needs have access to child care and early education.

- The Child Care and Development Block Grant (CCDBG) provides money to the states to fund child care assistance for low-income working families and families working to get off welfare. In an average month in 1998, states were providing child care assistance to approximately 1.5 million children.[40] States can also use these funds to improve the quality of child care and early education.
- The federal Head Start program began in 1965 as a comprehensive child development program to support children and families. Since that time, it has provided almost 18 million children and their families with a comprehensive package of education, health care, social services, nutrition, parent involvement, and services for children with special needs.[41] The program is targeted to children whose families are below the poverty line ($13,880 a year for a family of three in 1999) or receiving public assistance and who are not yet enrolled in school.
- The 21st Century Community Learning Centers program will make $450 million available in FY 2000 for local school districts to offer after-school care. Schools have the option of subcontracting with community-based organizations. In addition, various other federal programs in the Department of Education, Department of Housing and Urban Development, and Department of Justice as well the Child Care and Development Block Grant provide some funding for after-school activities.
- Nutritious meals and snacks are available through the Child and Adult Care Food Program (CACFP) for children up to age 19 enrolled in child care centers, family child care homes, before- and after-school programs, and Head Start centers. In FY 1999, more than 2.6 million children were fed through CACFP. By providing free or reduced-price food through child care and after-school programs, CACFP ensures that children and youth are well-fed, able to concentrate, and ready to succeed in school. The CACFP also provides nutrition training and support to child care providers and is a critical link in improving the quality of child care settings.
- Through the Dependent Care Tax Credit (DCTC), families may claim an income tax credit for a portion of their child care expenses. The credit is on a sliding scale and lower-income families receive slightly larger credits. Taxpayers may claim a credit for up to $2,400 in dependent care expenses for one child, or $4,800 for two or more children. However, the federal DCTC is not refundable, so very low-income families owing little or no federal income tax do not receive any benefit.
- States have much of the responsibility for determining how they will spend federal child care funds. Many also invest in their own initiatives to help low-income families afford care, improve the quality and supply of child care and early education programs, increase the availability of prekindergarten, and/or achieve some related goal. States also establish licensing regulations, which offer basic health and safety protections for child care programs.

- Local governments most commonly set basic policies that affect the supply of child care, such as zoning requirements and fire and building codes. Some local governments invest in child care assistance for low-income families, leverage funds from foundations or community groups to help families obtain care, support public-private partnerships and the involvement of the private sector, or fund quality enhancement activities such as training or grants and loans.
- A number of employers have invested in helping their employees with child care, recognizing that access to child care improves workers' productivity. However, as of 1997 only a minority of employees had access to such information and referrals for child care (20 percent), child care assistance (13 percent), or child care services (11 percent) through their jobs.[42]

A broad range of officials and the public agree that child care and early education should be an important priority for our country.

- A poll of police chiefs from across the country found:[43]
  - Nearly nine out of ten (86 percent) said that "expanding after-school and child care programs like Head Start will greatly reduce youth crime and violence."
  - Nine out of ten also agreed that a failure to invest in such programs to help children and youth now would result in far higher costs later in crime, welfare, and other costs.
  - Police chiefs ranked providing "more after-school programs and educational child care" as the most effective strategy for reducing youth violence *four times as often* as "prosecuting more juveniles as adults" and *five times as often* as "hiring more police officers to investigate juvenile crime."
- A September 1999 Mott/JCPenney survey found that 92 percent of voters believe that there should be some type of organized activity or place for children and teens to go every day after school; 65 percent believe there are not enough after-school programs available; and 85 percent believe that it is difficult for parents to find after-school programs in their own communities. Voters surveyed also expressed their belief that after-school programs are a means to improve children's academic performance.[44]

- In a poll conducted in August 1999, two-thirds of those surveyed felt that providing access to after-school programs and early childhood development programs such as Head Start was more important than cutting taxes. This was higher than the percentage of respondents who felt that paying off the national debt, building new highways, or building more advanced weapons and spending more on military pay were higher priorities than reducing taxes. Half of those surveyed said that they would pay more in taxes to support quality child care, early education, and after-school programs.[45]
- A 1998 poll sponsored by Children's Defense Fund and the Child Care Action Campaign found that 73 percent of Americans believe the federal government should provide financial assistance to working families to help pay for child care, since the government already provides working families with financial assistance to help pay for their children's college tuition. Sixty-eight percent said they were extremely likely or very likely to vote for a candidate for office who supports child care and preschool activities so that all children can enter school ready to learn. And 80 percent believe that if Congress provides new tax breaks to middle-income families, it should also provide child care assistance for low-income working families.[46]
- A December 1998 poll sponsored by the Kellogg Foundation found overwhelming (86 percent) public support for child care help for low-income working parents.[47]
- A poll conducted in August 1998, sponsored by the Mott Foundation, found striking support for after-school programs. Four out of every five respondents said they would be willing to raise their taxes to fund after-school programs in their communities. This support crossed party lines and was equally strong among both parents and non-parents.[48]
- In 1989, the nation's governors and former President Bush set national education goals. The first goal was having "every child enter school ready to learn" by the year 2000. Access to good quality early childhood programs was considered key to meeting this goal.

SOURCE NOTES

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PART I

Why Child Care, Early Education, and School-Age Care Are Important

Good Child Care, Early Education, and School-Age Care Help Children Succeed in School and Promote Their Healthy Development

Studies repeatedly have shown that good quality child care and early education help children develop, enter school ready to succeed, improve their skills, and stay safe while their parents work. Good child care and early education ensure that prekindergarten children have opportunities to build their language and literacy skills so they can start school prepared to learn to read. Strong school-age programs are also important for promoting children's success in school. High quality child care and early education are particularly beneficial for low-income children.

Good child care and early education are important for children in their early years to promote their healthy development and give them the skills they need to succeed in school.

- The early childhood years are particularly important to children's development. A 1994 Carnegie Corporation study noted that the first three years of life are critical in children's brain development, and that their brain development is far more susceptible to adverse influences than had been realized. In other words, "the quality of young children's environment and social experience has a decisive, long-lasting impact on their well-being and ability to learn."[1] A subsequent report, based on the proceedings of a 1996 conference that brought together the nation's leading brain scientists, experts in child development and early education, business leaders, and policy makers, reiterated these findings. It stated that "Evidence amassed by neuroscientists and child development experts over the last decade point to the wisdom and efficacy of prevention and early intervention."[2]
- A 1998 report on preventing reading difficulties in young children makes clear that "preschool children need high-quality language and literacy environments in their homes and in out-of-home settings."[3] The report concludes that children must arrive in the first grade with strong language and cognitive skills and the motivation to learn to read in order to benefit from classroom instruction.
- A study examined a broad range of research on the impact of early childhood programs on children's development, and found that good programs can affect children's long-term success in areas such as school achievement, higher earnings as adults, and decreased involvement with the criminal justice system.[4]

- A report on the effects of preschool programs, conducted for the Head Start program, found that preschool education programs for children considered to be "at risk" of school failure have been effective in improving social skills, increasing family satisfaction and family activities with children, and improving cognitive abilities.[5]
- Good early care and education programs help children enter school ready to succeed in a number of ways, and have a particularly strong impact on low-income children who are at greater risk for school failure. A major study has been following a group of children to compare the development of children in high quality child care with that of children in lower quality child care. Researchers have thus far tracked the children's progress from age three through second grade. At the end of this most recent study period, children in high quality care demonstrated greater mathematic ability, greater thinking and attention skills, and fewer behavioral problems. These differences held true for children from a variety of family backgrounds, with particularly significant effects for children at risk.[6]
- Good child care and early childhood programs can reduce criminal and violent behavior. For example, one study found that early childhood programs combining a focus on early education and family support have resulted in long-term decreases in the seriousness and incidence of juvenile offenses.[7]
- A 1999 study found that low-income children who received comprehensive, quality early educational intervention scored higher on cognitive, reading, and math tests than a comparison group of children who did not receive the intervention. These effects persisted through age 21. Young people who had participated in the early education program also were more likely to attend a four-year college and to delay parenthood. Mothers whose children participated in the program achieved higher educational and employment status as well, with particularly strong results for teen mothers.[8]
- The latest findings from a long-term study of more than 1,300 children from socially and racially diverse backgrounds by the National Institute for Child Health and Development found that there were modest but significant differences in school readiness scores of children in high quality care and those in low quality care, with children who had attended high quality programs more likely to perform above average. The children in high quality care also scored higher in their ability to express and understand language.[9]
- A study on Milwaukee's New Hope program, which provided low-income families with a comprehensive package of supports, including earnings supplements as well as affordable health insurance and child care assistance, found that children who participated in the program had improved academic performance, increased levels of social competence, and fewer behavior problems.[10]

- Studies of several state prekindergarten initiatives offer convincing evidence of the benefits of early education for children at risk of school failure. These benefits include higher math and reading scores, stronger learning skills, increased creativity, better school attendance, improved health, and greater involvement by parents in their children's education.[11]
- Early childhood programs can result in significant cost savings in both the short and long term. For example, a study of the long-term impact of a good early childhood program for low-income children found that after 27 years, each $1.00 invested saved over $7.00 by increasing the likelihood that children would be literate, employed, and enrolled in postsecondary education, and making them less likely to be school dropouts, dependent on welfare, or arrested for criminal activity or delinquency.[12] A study of the short-term impact of the Colorado prekindergarten program found that it resulted in cost savings of $4.7 million over just three years in reduced special education costs.[13]

Quality programs for school-age children during their out-of-school hours can help children's development and keep them out of trouble.

- Studies have indicated that school-age children who are left alone after school are at greater risk of truancy, risk-taking behavior, substance abuse, poor grades, and stress.[14]
- Research indicates that children who spend 20 to 35 hours per week engaged in constructive learning activities are significantly more likely to succeed in school. Children's out-of-school hours represent a substantial ongoing opportunity for them to learn through play, to learn how to get along with other children, and to form enduring and supportive relationships with adults.[15]
- Several studies have found that school-age children's academic performance is enhanced by attending formal child care programs of at least adequate quality. Children attending such programs have been found to have better work habits and relationships with peers, and to be better adjusted and less anti-social than children who spend their out-of-school hours alone, with their mothers, or informally supervised by other adults. Other studies have found how well a child gets along with other children to be a better predictor of adult adjustment than academic performance or classroom behavior.[16]
- A study compared juvenile arrests in a public housing project starting an after-school skills development program with those in another housing project providing only minimal recreational activities. The number of juvenile arrests declined by 75 percent after the start of the after-school program, while they were increasing by 67 percent in the comparison project.[17]

- In the first year after the Baltimore Police Department opened an after-school program in a high-crime area, crime in that neighborhood dropped 42 percent.[18]
- A Public/Private Ventures study of Big Brothers/Big Sisters' carefully-designed mentoring program showed that young people randomly assigned to receive a trained mentor were only about half as likely to begin illegal drug use or to hit someone as those randomly assigned to the control group.[19]
- Participants randomly assigned to a high school Quantum Opportunities Program of counseling, academic and life skills support, community service, and financial incentives, were less than one-quarter as likely to be convicted of a crime during the high-risk high school years as those in a control group. Those who participated in the program were also 50 percent more likely to graduate high school on time and two-and-a-half times more likely to attend postsecondary schooling.[20]

Low-income children in particular benefit from quality early care and education experiences that provide them with opportunities to develop their learning and reading skills—opportunities that they often lack.

- Low-income children may have a more limited vocabulary. A study that followed children over a three-year period found that at age three, children from families receiving welfare had less than half the number of words in their vocabulary as children from professional families. This gap grew over time, and by first grade the children from families receiving welfare had one-quarter as many words as children from professional families.[21]
- Low-income children may be read to less often. A study of families in 13 states found that one out of four children ages one to five living in low-income families (families with income below 200 percent of the poverty level) were read to or told stories fewer than three days per week, as compared with only one out of 10 children in families with higher incomes who were read to this infrequently.[22]
- Low-income households may have fewer books. A study of primarily low-income families found that over half the households had fewer than 10 children's books, and almost a quarter of these homes contained fewer than 10 books total.[23]

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Child Care, Early Education, and School-Age Care Help Families Work

Quality child care, early education, and school-age programs are essential to helping families work. For many families, having one parent stay home with their children is not a viable alternative. Single parents must work to provide for their families, while two-parent families often need two incomes just to make ends meet. In order to succeed, working parents need affordable, reliable, and high quality child care to keep their children safe and help them learn. Without these programs, parents may be unable to find work or keep their job, or may be forced to leave their children home alone with older siblings who are too young to care for them or in other unsafe settings. For low-income parents, safe, stable and affordable child care may make the difference between climbing out of poverty and falling deeper into it.

The need for child care is a basic fact of life today for the millions of parents working to support their families.

- Sixty-five percent of mothers with children under age six, and 78 percent of mothers with children ages six to 13 are in the labor force. Approximately 61 percent of mothers with infants (under age one) are in the labor force.[1]
- In 1998, only 23 percent of all families with children younger than six—and only one-third of *married couple* families with young children—had one parent working and one parent who stayed at home.[2] The majority (55 percent) of working women in the U.S. bring home *half or more* of their family's earnings.[3]

Child care problems can make it difficult for parents to be productive at work or to keep their jobs at all. As a result, child care assistance is inextricably linked to efforts to move families from welfare to work.

- When working parents are comfortable with their child care arrangements, they are more productive on the job. When care is inadequate, parental stress mounts and work performance suffers. Poor quality child care arrangements are more likely to fall apart, causing parents to miss work.[4]

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- In a 1997 survey of former clients of South Carolina's welfare program, over one-quarter of families said that they had had a problem finding and/or paying for child care since leaving the program.[5] Similarly, a 1998 survey of Wisconsin families who had left welfare found that one-third had at some point been unable to afford child care when they needed it in order to work, and one-quarter had been unable to find child care when they needed it in order to work.[6]
- In a 1996 survey of 1,200 welfare recipients, the most commonly cited problem (outside of the work itself) that made it difficult to maintain a job was child care. Of those surveyed, 34 percent reported that child care problems were a barrier to remaining employed.[7]
- In a national survey of families who had children with disabilities, one-fifth of the respondents indicated that someone in their family had to quit working or work fewer hours because of a child's health. In a Florida survey of a similar group of families, 40 percent reported that caring for their children's special needs caused someone in the family to not work, 33 percent reported turning down a job, and 20 percent reported working less. The shortage of specialized child care is one of the major factors that make it difficult for these parents to work.[8]
- The *quality* of child care can make a difference in parents' ability to work. Evaluations of GAIN (the job-training program for welfare recipients in California) found that mothers on welfare who were worried about the safety of their children and who did not trust their providers were twice as likely to subsequently drop out of the job-training program.[9]
- The *type* of care may influence a parent's ability to work. A 1998 study suggests that parents who use non-relative care or other types of formal or center-based care for their preschool-age children are employed for longer periods of time than those who rely on relative care. The median length of employment for those with relative care was eight to nine months, compared to between 13 and 16 months for those with other forms of child care.[10]

Low-income families, whether trying to move off welfare or stay off welfare, need stable, affordable child care. Many of these families' work schedules necessitate that they have child care during non-traditional hours. Yet, child care resource and referral agencies across the country report that such care is in short supply.

- Nearly one in five full-time workers—14.3 million—worked non-standard hours in 1991. More than one in three—five million of them—were women.[11] Many mothers moving from welfare to work find employment that involves evening and weekend work.

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- One-third of working mothers with incomes below poverty and more than one-fourth of working-class mothers (incomes above the poverty line but below $25,000 a year) worked weekends.[12]
- A study of 207 Illinois families receiving transitional child care assistance after leaving welfare due to employment found that nearly 75 percent were working irregular hours.[13]
- Almost half of low-income working parents worked on a rotating or changing schedule, compared with one-quarter of working- and middle-class mothers and one-third of working- and middle-class fathers. Such an unstable work schedule presents an even greater obstacle to finding child care than either a regular weekend or evening schedule.[14]
- Despite the need for non-traditional hour care, it is in short supply. In a study by the U.S. General Accounting Office, all seven states surveyed indicated a shortage of care during non-traditional hours.[15]
- A 1997 report that examined the supply of different types of care at four sites across the country highlighted the shortage of non-traditional hour care:[16]
  - In Baltimore City, Maryland, only 12 percent of providers in poor areas and 13 percent of providers in nonpoor areas offered care during non-standard hours.
  - In Benton County, Oregon, only 19 percent of providers in poor areas and 13 percent of providers in nonpoor areas offered care during non-standard hours.
  - In Chicago, only 20 percent of providers in poor areas and 23 percent of providers in nonpoor areas offered care during non-standard hours.

Child care assistance helps low-income families work, and is a cost-effective investment.

- The U.S. General Accounting Office (GAO) found that increasing the availability of child care subsidies would increase poor mothers' work participation rates from 29 percent to 44 percent, and near-poor mothers' rates from 43 percent to 57 percent.[17]
- A study in Kentucky in 1992 found that providing child care assistance to low-income families increased the likelihood of employment by 12 percent, independent of such factors as the availability of jobs.[18]

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- A North Carolina study of the economic impact of making child care assistance available estimated that when this assistance allows a parent to work at a job earning $20,000 annually, the federal, state, and local governments can expect to earn $3,492 above the cost of the subsidy in tax revenue from the family's income and expenditures.[19]

Low-income working families who need child care assistance but can't get it find it more difficult to work, have to place their children in less safe situations, and confront financial difficulties.

- A 1995 study of low-income working families on the waiting list for child care assistance in Minnesota found that families were facing a range of problems. Most families who were working and paying for child care experienced significant levels of debt or bankruptcy. One-fourth of all the families interviewed had to go on welfare to survive. Some found it difficult to maintain employment because of unstable child care arrangements. One-third of the parents felt their children's child care settings threatened their safety and development, and many families were experiencing severe stress.[20]
- A 1998 study of parents waiting for child care assistance in Santa Clara County found that a large number of families on the waiting list were living at or below the poverty level but paying high amounts for child care. Over one-third of parents interviewed earned less than $10,000 annually. Yet, employed parents were, on average, spending about $300 a month for care. While waiting for help, parents were forced to make significant adjustments in their lives. About 40 percent reported that they gave up looking for work because they could not find affordable care.[21]
- In North Carolina, 78 percent of the families on the state's waiting list for child care help were found to have experienced financial problems, according to a 1998 study. About one out of four surveyed lost or had to quit their jobs while waiting for assistance. For those families fortunate enough to eventually receive help, it made a significant difference. Eighty-three percent of respondents who did receive a child care subsidy said that the subsidy improved either the quality or reliability of their children's care.[22]
- A 1997 study of low-income families in Philadelphia found that parents on the waiting list had child care expenses that averaged nearly $70 a week, while families receiving assistance paid child care fees, based on a sliding-fee scale, that averaged $25 per week. One family on the waiting list paid $213 per week. Due to financial constraints, families on the waiting list were half as likely to be able to make quality one of their top criteria in selecting child care.[23]

Source Notes

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PART II

Challenges Faced by Families Needing Child Care, Early Education, and School-Age Care

Children Are in Poor Quality Care That Does Not Protect Them or Promote Their Development

To ensure that children enter school ready to succeed and are cared for in safe, healthy environments, it is essential that child care and early education be of high quality. The research is clear about the path to attaining high quality—it includes requiring basic health and safety protections, monitoring programs, improving staff training and compensation, informing parents about choosing quality care, and ensuring access to good quality care. Unfortunately, research also shows that most of the care available to families is of poor or mediocre quality, threatening children's healthy development. Children who particularly benefit from high quality care, including those from low-income families, babies and toddlers, and children with special needs, may have the most difficulty finding child care and early education programs that meet their needs.

Parents and experts agree on a number of key components of good quality care. Some of the essential components for good quality care include:

- Protections for children's basic health and safety.
- Small group sizes and small numbers of children per teacher that allow each child to receive one-on-one attention.
- Teachers who are nurturing and knowledgeable about children's development, who are a stable presence in children's lives, and who are well-compensated.
- Opportunities for parents to be involved in their children's learning.

Given the importance of high quality care, it is alarming that studies repeatedly have shown that far too many American children are in poor quality care—care that jeopardizes their development, safety, and well-being. Low-income children, who are in greatest need of quality care, are especially at risk.

- According to the Carnegie Corporation, child care and early education "have so long been neglected that they now constitute some of the worst services for children in Western society." The care most children are in not only can "threaten their immediate health and safety, but also can compromise their long-term development."[1]

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- A national study found that *"Child care at most centers in the United States is poor to mediocre, with almost half of the infants and toddlers in rooms having less than minimal quality."* It found that one in eight centers (12 percent) provided less than minimal quality care, with the proportion rising to fully 40 percent for rooms serving infants and toddlers, who are clearly the most vulnerable. Only one in seven (14 percent) received a rating of good quality care for children overall, with even fewer programs (8 percent) providing good quality care for infants and toddlers. In less than minimal quality rooms, children:
  - Are vulnerable to more illness because basic sanitary conditions are not met for diapering and feeding.
  - Are endangered because of safety problems that exist in the room.
  - Miss warm, supportive relationships with adults.
  - Lose out on learning opportunities because they lack the books and toys required for physical and intellectual growth.[2]
- Another national study found equally alarming patterns in family child care programs, which many parents use to care for their younger and more vulnerable children. This study found that *over one-third* of the programs were rated as inadequate, which means that their quality was low enough to actually harm children's development. Furthermore, the study found that low-income and minority children were more likely to be in lower quality programs than other children. Only 9 percent of the homes in the study were rated as good quality, which was defined as enhancing the growth and development of children.[3]
- A Carnegie Corporation study noted that children in low- and moderate-income families are more likely to be cared for in settings that do not meet quality standards, and that there are long waiting lists at the high quality programs that exist for these families.[4]
- Poor quality care has been shown to have a serious impact on children's development. Children in poor quality care have been found to:
  - Spend substantial amounts of unoccupied time tuned out and unengaged in social interactions.
  - Be delayed in their cognitive and language development, pre-reading skills, and other age-appropriate behaviors.
  - Be insecurely attached to their caregivers.
  - Display more aggression towards other children and adults.[5]

- Kindergarten teachers estimate that one in three children enters the classroom unprepared to meet the challenges of kindergarten.[6]

Many child care and early education programs are subject to licensing or quality standards set at the federal, state, and/or local level that provide basic health and safety protections. However, there are no uniform quality standards governing all child care and early education programs nationwide, and many programs are exempt from any protections.

- Child care programs must meet applicable state licensing regulations. These vary widely from state to state, and may exempt certain programs, such as those caring for only a limited number of children. A child care program may also have to meet requirements established at the local level, such as zoning regulations or fire codes. Providers (other than certain relatives) who receive federal child care funds must meet minimal health and safety requirements set by the state.
- State prekindergarten initiatives are subject to each individual state's prekindergarten quality standards. While in some states these standards are comprehensive, others states have very minimal standards, consisting of only child care licensing requirements or school codes.
- Head Start programs must meet comprehensive federal performance standards, which clearly lay out how programs can provide quality prekindergarten experiences that meet the needs of children and families. The standards indicate what is needed to ensure a safe, nurturing environment that supports children's cognitive, social, emotional, and physical development. They require programs to assess children's nutritional, health care, mental health care, and social services needs, and provide or make referrals for any necessary follow-up and treatment. The standards also require programs to make active efforts to build partnerships with parents, including efforts to involve parents in the program's decision-making process and provide them with broader supports.

Strong state licensing requirements can play a critical role in ensuring children's well-being. Yet, in many states, requirements are too weak to adequately protect children's health and safety.

- Basic health and safety protections—such as requiring that children in child care have up-to-date immunizations, that poisonous substances are out of the reach of children, that soft surfaces are below climbing equipment, and that outlet plugs cover electrical outlets—can minimize accidents, reduce the incidence of illness, and save lives.

- State regulation and monitoring of child care quality have been shown to improve the quality of care. One study found that states with stronger licensing standards had fewer poor quality child care centers.[7] Another study found that family child care homes that were regulated provided better quality care than those that were not regulated—for example, only 13 percent of the regulated family-based providers provided care that was classified as "inadequate," in contrast to 50 percent for unregulated family-based care.[8]

- Low child/staff ratios are an important component of quality. Yet, in 1999, 25 states allowed child care centers to have five or more 18-month-olds per staff member, and 32 states allowed centers to have more than six two-year-olds per staff member. These child/staff ratios fail to meet the levels recommended by child development experts, and can deprive children of the one-on-one attention they need.[9]

- Injuries on playgrounds and climbing equipment, which account for a significant percentage of overall injuries in child care, can be reduced by requiring soft surfaces beneath playground equipment or by prohibiting the use of concrete and other hard materials. Yet in 1999, 11 states did not have this basic safety protection in place for child care centers.[10]

- Only nine states require all family child care homes to be regulated.[11] In 1999, one out of every five states still allowed family child care homes serving five or fewer children to be exempt from *all* health and safety protections, from any screening of the provider's background or qualifications, and from other critical protections.[12] South Dakota allowed homes serving as many as 12 children to be exempt from any requirements.

- While more recent data are not available, a 1990 study estimated that only between 10 and 18 percent of the family child care providers in the country were regulated at that time.[13] Given that family child care is particularly popular with parents of very young children, and that the majority of children in family child

care are thought to be in homes serving few enough children to qualify for exemption from regulation, many of our most vulnerable children are in settings that are not required to meet even minimal protections.

- As states take steps to strengthen their licensing requirements, they see improvements in the quality of care:
  - In 1991, Georgia revised its child care licensing regulations to improve the quality of care. The revisions included more stringent staff-to-child ratios, smaller group sizes, and increased training requirements. After the first year, there was an increase in the number of new programs and teaching staff, and an increase in the number of staff receiving training.[14]
  - In 1992, Florida made changes to its child/staff ratios and its education requirements for staff in order to improve the quality of care. By 1996, the children were found to engage in more cognitively challenging play with other children, to have increased language proficiency, to have fewer behavioral problems, and to be more securely attached to their teachers. The warmth and sensitivity of the teachers increased as they became more responsive toward the children.[15]

Although research has shown that periodic monitoring, or visiting, of licensed programs can protect children from harm, states are not making adequate efforts in this area.

- While parents must be the first line of defense in monitoring their children's care, it is essential that government play a supportive role as well. Studies have found, for example, that parents need help monitoring and evaluating the quality of care their children are receiving, as some aspects of the child care environment are difficult for them to observe.[16] For example, most parents are only able to see the program operating when they drop off and pick up their children.
- Licensing staff, by periodically visiting child care programs, can enhance quality by identifying poor quality programs, helping them improve, and acting quickly to protect children when dangerous situations are found. In fact, state licensing officials rated such visits the most effective way to ensure compliance with state licensing requirements.[17] Yet, due to inadequate state investments in child care licensing staff, many states find it very difficult to monitor regulated child care programs well.
- Only about two out of five states require family child care homes to be inspected once a year.[18]

- A U.S. General Accounting Office (GAO) study found that 20 states did not even conduct one unannounced visit per year to child care programs (as is the minimum standard recommended by child care experts), and a study by the Inspector General of the federal Department of Health and Human Services (HHS) found that average caseloads for licensing inspectors were twice recommended levels.[19]
- A 1997 study found that the number of child care licensing staff in the states had not increased enough to keep pace with growing caseloads. In Colorado, a single inspector had responsibility for 500 family child care homes; in Maine, each inspector had responsibility for 400 homes and centers; and in Georgia, the caseload was 400 family child care homes per inspector.[20]

The staff who care for children on a daily basis play a critical role in children's development and experiences. Yet many states do not require providers to have even a basic knowledge of child development issues.

- Trained and educated staff contribute to improved cognitive and other developmental outcomes. Better trained staff are more likely to create warm, caring environments that are responsive to the needs of children and help prepare them to succeed in school.[21]
- Although hairdressers and manicurists must attend 1,500 hours of training at an accredited school in order to get a license, 31 states do not require providers to have any early childhood training before they can care for children in child care centers. An even larger number of states—41—do not require family child care providers to have this preparation.[22]
- Expanded training opportunities have a positive impact on child care quality and children's development. One study found that a training project for family child care providers improved children's experiences in child care, the quality of care provided, and job commitment among providers.[23]

Low salaries have negative effects on the quality of child care. They fuel high turnover rates, making it difficult for children to form meaningful, trusting relationships with their caregivers.

- Professional, quality child care is hard to find in a marketplace where child care teachers and providers do not earn as much as bus drivers ($24,020) or garbage collectors ($22,720).[24] Child care workers earn an average of only $14,630 per year.[25]

- Family child care providers earn particularly low salaries. For example, in Philadelphia, a family child care provider earned an average of $5,920 in 1997.[26] Yet family child care providers work hard for this minimal pay—typically operating full-time, year-round businesses, and working an average of 60 hours per week, 50 weeks per year.[27]
- Inadequate compensation leads to high turnover rates among child care staff. In 1997, the annual turnover rate among child care center staff was 31 percent, with more than one in four child care teachers and 39 percent of assistants leaving their jobs that year.[28]

Some states have developed innovative ways to improve the quality of child care staff, using a combination of federal, state, local, and private resources to support staff training and compensation efforts.

- Thirteen states address (or have concrete plans to address) provider training and compensation through comprehensive initiatives such as the T.E.A.C.H. Early Childhood® Project or a similar model.[29] Under these initiatives, child care providers who agree to complete a specified amount of education receive a scholarship that covers a large share of tuition, book, and travel costs, and paid release time in some cases. Caregivers then receive additional compensation in the form of a raise or a bonus and commit to continue working in their child care program for a specific period of time.
- In North Carolina, the WAGE$™ program provides direct salary supplements to teachers, directors, and family child care providers who have already attained higher education credentials and who stay in their child care program.
- A few states have focused on providing benefits for caregivers. Through its Starting RIght initiative, Rhode Island makes the state's medical and dental insurance plan for low-income families (RIte Care) available to family child care providers and employees of licensed child care centers who care for children receiving child care assistance. (To be eligible for the benefits, family child care providers must provide the equivalent of full-time care for at least one child receiving assistance, and centers must have at least 50 percent of their licensed slots filled by children receiving assistance.) North Carolina also makes health insurance benefits available to staff in certain child care centers and family child care providers.

Parents can better protect their children and ensure their safety and development if they are able to make informed choices. Child Care Resource and Referral agencies (CCR&Rs) can help parents understand their options and make good choices.

- Many parents need assistance in finding child care. CCR&Rs are important partners with parents, helping them identify local child care opportunities and learn what to look for in child care. In addition, CCR&Rs have played a critical role in improving the quality of care by helping to train child care providers and providing other critical supports to providers and parents. For example, in 1994:
  - Nearly 1.5 million families received referrals or consultations with CCR&Rs, with additional families receiving assistance through parent workshops or consumer education materials.
  - CCR&Rs provided training for more than 339,000 child care providers (up from 58,000 in 1992), and recruited almost 20,000 new providers to add to the supply of child care.[30]
- Thirty-eight states have implemented statewide CCR&R services to help families with young children of all income levels locate appropriate early childhood options for their children.[31] Resource and referral agencies maintain up-to-date information about licensed and registered child care programs, including vacancies, ages of children served, hours, fees, and types of educational programs.

Inadequate state policies and investments for child care assistance and state prekindergarten programs deprive low-income families of access to quality child care and early education.

- Reasonable state payment rates for publicly funded care are critical in ensuring access to decent child care. Inadequate rates effectively reduce the child care options available to low-income parents and limit their ability to choose child care that meets their needs and those of their children. In Des Moines, Iowa, for example, three inner-city child care centers closed in 1997 because they could not make ends meet under the state's reimbursement rates. Keeping rates low and failing to update them directly affects what kind of care children get and whether their parents can even find care in their neighborhood.[32]

- State policies that determine how much parents receiving assistance contribute to the cost of child care also affect access. Requiring high parent copayments may discourage parents from participating in the child care assistance program at all. And policies that base copayments on the cost of care make it difficult for parents with very low incomes to choose good quality without suffering financially. Low-income families should not be expected to pay a higher percentage of their income than the national average—7 percent[33]—and families with very low incomes should be exempt from any fees.
- Only with a sufficient amount of funding per child can prekindergarten programs offer a high level of quality. The average cost per child in the federal Head Start program—$5,147 in FY 1998—offers a benchmark for the cost of providing a comprehensive, quality part-day program. This level of funding should allow programs to hire well-trained staff, maintain safe facilities, purchase materials and equipment, and invest in other important resources. However, for most state prekindergarten initiatives, the amount of state funding per pupil falls far below the Head Start benchmark.[34]

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The High Costs of Child Care, Early Education, and School-Age Care Put Quality Care Out of Reach for Many Families

Every day, millions of American parents rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet, as essential as quality child care is to parents' ability to work and children's healthy development, it is out of reach for many families because of its high cost. Neither parents nor child care providers have the resources to support high quality child care, early education, and after-school programs on their own. Parents are already struggling to afford even average-priced care, and providers already operate on tight budgets, subsidizing the cost of care through their low wages. To ensure that children and families have access to quality child care, early education, and school-age care, the federal government, states, local communities, and the private sector must all play a larger role.

The high cost of child care is difficult for parents to escape, and presents a particular challenge to low-income families. Child care is expensive for families whether they choose to use center care or family child care, whether they live in urban or rural areas, or whether they have infants, preschoolers, or school-age children.

- Child care can *easily* cost over $4,000 a year per child, and can be much higher for younger children, children with special needs, and in some regions of the country.[1] This is a significant part of a working family's budget, and can keep families from being able to afford to work, or force them to compromise on the quality of care.
- While child care costs vary significantly across the country, they are beyond the reach of low- and moderate-income families even in the least expensive communities. A 1998 study of child care prices in 47 cities found that the average cost of care for a four-year-old in a child care center ranged from $3,342 a year in Birmingham, AL, to $7,904 in Boston, MA. The average annual cost of care in a center for an infant (one-year-old) ranged from about $3,633 in Knoxville, TN to almost $12,324 in Boston.[2]

Average Annual Child Care Fees Across the Nation for Children of Selected Ages[3]

	Infant (One-Year-Old)	Four-Year-Old	School-Age
Boston, MA	$12,324	$ 7,904	$ 4,929
Wake County, NC	$ 5,836	$ 5,068	$ 3,304
Atlanta, GA	$ 4,524	$ 4,992	$ 3,081
Minneapolis, MN	$ 9,447	$ 6,662	$ 5,667
Dallas, TX	$ 4,838	$ 3,789	$ 3,822
Denver, CO	$ 5,096	$ 4,576	$ 4,193
Alameda County, CA	$ 6,864	$ 6,032	$ 4,133
Columbus, OH	$ 6,500	$ 4,940	$ 2,636
Urban areas, ND	$ 4,885	$ 4,193	$ 2,636

- The average annual cost of child care for a four-year-old is more than the average annual cost of public college tuition in almost every state. In some cities—including Tucson, AZ, Kansas City, KS, and Atlanta, GA—child care costs *twice* as much as college tuition.[4]
- Even part-time care for school-age children can total $3,000 per year or more. School-age children with working parents do not need full-time care, but they often do need care before and after school and during holidays and vacations. The hours spent in care quickly add up, as do the costs. In a study of child care costs, the average annual cost for school-age care in a center was above $3,500 in half of the urban areas surveyed.[5]
- The dilemma posed for families by high child care costs *cannot* be resolved by asking child care providers to lower their prices. Child care providers operate on extremely tight budgets. A large proportion of a child care program's budget is devoted to staff salaries, which are already unacceptably low. The average salary of a child care worker is only $14,630 per year.[6] Such low wages lead to high turnover rates, which in turn break the stable relationship children need with their caregivers in order to feel safe and secure. Lowering prices would only further undermine a child care program's ability to hire and retain a sufficient number of well-trained teachers, purchase adequate materials and equipment, and afford a safe facility.

- Children's early learning experiences are as important to ensuring their success in school and in life as higher education. Yet, while there is a substantial public commitment to helping families afford the expense of higher education, families are left to shoulder much of the burden of child care and early education costs on their own. Families pay the bulk of child care costs (60 percent), with government (federal, state and local) paying 39 percent, and the private sector (business and philanthropy) contributing less than one percent. In contrast, families pay only about 23 percent of the cost of a public college education, with government and the private sector paying the rest.[7]
- Parents who are lucky enough to have relatives who are nearby and physically able and willing to care for their children while they work also have costs. A 1990 study found that one out of three employed mothers relying on relatives as a primary care arrangement paid their relatives to care for their children.[8]

Many families fall below the poverty line or have relatively low incomes even though they are working to support their children. These low-wage workers cannot afford the high cost of child care.

- A two-parent family with both parents working full time at minimum wage earns just $21,400 a year before taxes. If this family spent 10 percent of their income—$2,140 a year—on child care, they would still be left several thousand dollars short of that needed to afford even average-priced child care, much less the higher prices charged by many better quality centers and family child care homes.[9]
- The high priority that low-income families place on keeping their children safe is reflected by the fact that they are stretching their limited budgets to the maximum to pay for child care. In 1993, families earning less than $14,400 a year, who paid for child care, spent a quarter (25 percent) of their gross incomes for care, according to the Census Bureau. Non-poor families spent only 7 percent.[10]
- One out of three families with young children (children under age six) earned less than $25,000 in 1998.[11] The cost of adequate child care, much less high quality care, is beyond the reach of these families unless they get help.
- Nearly two-thirds of poor young children in 1997 were in working families. This represented a 20 percent increase since 1993. Young children in a traditional nuclear family (two-parent family with the father working full time and the mother not employed) were twice as likely to be poor in 1997 as they were in 1975. The poverty rate for young children in traditional nuclear families rose to 13 percent in 1997.[12]

- Low-income workers do not often receive large earnings increases that would enable them to quickly reach a point where they could afford child care on their own, without assistance. Families leaving welfare will likely remain in low-wage jobs and need child care assistance beyond a limited transitional period of one or two years. Wage growth is very slow. One study found that median real wages for families who exited welfare grew by only 9 cents an hour in their first five years after leaving the program.[13] A study of families in Illinois who had received child care assistance to help them move from welfare to work found that most families' incomes remained fairly flat after two years.[14]

- The vast majority of low-income families who are struggling to afford the high cost of child care are not getting any help in covering these costs. Only one out of ten children eligible for child care assistance under federal law are receiving any help through the Child Care and Development Block Grant program.[15]

- A single parent working full time at the current minimum wage—$5.15 an hour—would only be able to cover about half of what it can realistically cost to raise two children.[16] This hypothetical family's monthly budget includes the cost of moderately-priced center care for the family's four-year-old, which would rank as the family's third largest expense, after housing and food. The high cost of child care forces families into unacceptable choices among these budget items. [See table on next page.]

Selected Monthly Costs for a Representative Single Parent Working Full Time at Minimum Wage and Raising Two Children (Ages Four and Seven)	
Housing[17]	$594
Food[18]	357
Child Care[19]	*333*
Health Care[20]	53
Clothing[21]	67
Transportation[22]	183
Miscellaneous[23]	92
Total	**$1679**
Full-time minimum wage income[24]	$893
Income Gap	**-$786**

Note: Costs include expenses for health care, clothing, and miscellaneous items for the children, but do not include expenditures for the parent for these necessities.

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[18] Food costs for a family with a mother and two children, ages four and seven, estimated using the USDA's low-cost plan. Data from the U.S. Department of Agriculture, July 1998.

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[20] Estimate includes health care costs not covered by public or private insurance. It does not include the parent's health care costs. Data from the USDA's *1998 Annual Report: Expenditures on Children by Families* (single-parent family estimates).

[21] Estimate does not include the costs of clothing for the parent. Data from the USDA's *1998 Annual Report: Expenditures on Children by Families.*

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A Lack of Child Care Assistance Jeopardizes the Well-Being of Families and Children: Case Studies

Case studies of low-income families waiting for child care assistance in four communities, Hennepin[1] and Ramsey[2] Counties in Minnesota, Santa Clara County in California,[3] and Philadelphia,[4] and one state, North Carolina,[5] illustrate the multiple challenges that low-income children and families face when they cannot get help paying for their child care. These problems have implications not only for children's early learning but also for families' economic stability.

- **Children receive poor quality care.** Good quality care is essential for children to get what they need to enter school ready to succeed. Subsidies can help increase low-income parents' access to quality care. In North Carolina, 83 percent of respondents who had received child care subsidies said that the subsidy improved either the quality or the reliability of their children's care. Over one-third of all respondents receiving assistance noticed positive changes in their children's behavior after being placed in stable, subsidized care.

  For the many parents who remain on waiting lists, however, high quality care is nowhere within their reach:

  - In Ramsey County, half of the families would change their child care arrangement if they could receive assistance. Parents cited various reasons for being dissatisfied with their care, including 55 percent of parents who said it was not always available, 34 percent who said that age-appropriate care was not available, and 28 percent who said that too little attention was paid to their children.
  - In Philadelphia, families on the waiting list, facing financial constraints, were half as likely to be able to make quality one of their top criteria in selecting child care.
  - In Santa Clara County, 42 percent of parents cited shortcomings in quality, with 47 percent reporting that their child only received individual attention sporadically.
  - In Hennepin County, 34 percent of parents were concerned about quality issues—such as a lack of age-appropriate programming, too little attention being paid to their children's needs, and unsafe or unclean environments—that threatened their children's safety and development.

One parent from Hennepin County noted: "The babysitter leaves Alicia with her son who is 17 years old and very immature. It bothers me to come and get her and she's crying hysterically and he just ignores her and she's hungry."

A parent in Philadelphia said she would have preferred to send her daughters, ages four and eight, to a quality program close to the older daughter's school. The program was licensed and highly regarded by the mother's co-workers, and escorted the children from the school to the center. In addition, the program had a structured summer day camp for school vacation. However, she could not begin to pay the cost for even one of her daughters—much less both of them—without assistance. Instead, her children attended a family child care home, where she felt that they were not learning anything. The mother also worried about her older daughter having to walk unescorted every day after school. The mother said she "gets a little nervous every afternoon around 3:00 until she [her older daughter] calls to let me know that she's made it there safely."

A father in North Carolina was on the waiting list to receive child care assistance for his two children for over a year. When the children started school, they were far behind their classmates, most of whom had been in structured care settings. The father's roommate worked night shifts and had cared for the children in the daytime while the father was in school.

Parents on the waiting list in Ramsey County explained how the quality of their children's care would improve if they were able to receive child care assistance:

> *"The kids would be more secure in stable child care—not here and there."*
>
> *"I think I would worry less. Now my youngest daughter goes to work with me [as a school bus driver] and so she is stuck on a bus. It would give her someplace to go."*
>
> *"He's not getting the learning skills I want him to get. I want him to be around other kids."*

- **Unstable care threatens children's development.** The stability of child care is very important for young children, particularly for those who experience a great deal of change and stress in their lives because of poverty. Yet children on the waiting list are often deprived of stable care:
  - In Hennepin County, 37 percent of the respondents on the waiting list for six to 18 months changed caregivers three or more times—including 4 percent who indicated that their child care arrangements changed from week to week.
  - In Philadelphia, one out of every four families waiting for subsidized child care who were surveyed indicated that they had switched providers while waiting, due to dissatisfaction with the care provided. This compared to only one out of seven families who were already enrolled in the subsidy program.

- In Santa Clara County, two-thirds of parents had changed their child care arrangements while waiting for assistance, one-third of whom said their new provider was not of as high quality as their previous arrangement.
- In North Carolina, 40 percent of children had changed their child care arrangements while on the waiting list.

One Hennepin County parent said: "My child is six months old and has been in three horrible daycares in two-and-one-half months."

A mother in North Carolina changed child care providers for her 15-month-old twins four times, sending them from a licensed center to an unlicensed home and from friends to family.

- **Families lose their jobs.** Child care assistance helps families afford more reliable and better quality child care, which in turn helps them stay employed. In the absence of such assistance, parents find it hard to hold on to their jobs. In North Carolina, about one out of four respondents lost or had to quit their jobs while waiting for child care assistance.

In Hennepin County, a parent without assistance explained: "I lost that job after eight months because of upsets in my schedule...due to babysitting problems—although I was very conscientious about lining up child care arrangements, disruptions caused everything that I had carefully planned to come tumbling down."

A parent in Ramsey County explained her reason for needing child care assistance: "It would make things easier knowing the kids have somewhere to go day after day instead of being left with no where to go. I have left work because of this."

One Philadelphia parent on a child care subsidy waiting list said, "I'm stuck in limbo, not able to focus on the future or my job." Meanwhile, a parent enrolled in a subsidy program commented, "The subsidy helps me work full time and makes me very dependable."

- **Families return to welfare.** Without child care assistance, one-quarter of the families on the waiting list for Hennepin County turned to welfare in order to survive. In Santa Clara, about 40 percent of the families waiting for child care subsidy reported giving up on searching for work since they could not find affordable care for their children.

One parent from Hennepin County said, "The...financial stress of having small children is almost unbearable. It is an impossible situation when you cannot afford to work because you cannot afford quality child care, but you cannot afford not to work [either]."

- **Families experience serious economic difficulties.** Paying for the child care these families need to keep working takes a large portion of their paycheck, making it difficult for them to cover their other expenses. In Santa Clara County, over one-third of parents interviewed earn less than $10,000 annually. Yet, employed parents were on average spending about $300 a month for care.

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Many parents incur overwhelming debt as a result of such high child care expenses:

- In Hennepin County, over 80 percent of families on the waiting list paid for care, and of these families, 71 percent experienced significant levels of debt or filed for bankruptcy.
- In North Carolina, 78 percent of the families on the state's waiting list for child care help experienced financial problems.
- In Ramsey County, one-third of the families on the waiting list were in debt already, and many said they were struggling to meet their basic needs—rent, food, and clothing. Twenty-two percent had had housing problems in the preceding year.

One Hennepin County parent commented: "I pay $460 a month for child care. I am a single parent and a manager of a restaurant. As a result of day care expenses I try to cut back on hours at work...to reduce the day care amount. My unit then suffers...to the point I worry I may lose my job. I have lost out on bonus money I depend on and have fallen behind on several bills....I am currently looking into bankruptcy."

A parent in Ramsey County said, "I've been threatened with having my phone and other utilities turned off."

A mother in North Carolina used up her savings, went into debt, and borrowed money from friends and family while waiting for child care assistance. She had a preschooler and two school-age children who cared for themselves at home while she was at work.

- **Families face significant increases in stress.** Respondents from Hennepin County worried that the stress they lived with affected their ability to be good parents, and reported that the strain they were under had led to marital problems, including divorce. Several families, unable to work or pursue training for jobs, felt trapped in their situation. These families reported experiencing domestic violence, worrying about the safety of their child care arrangements, and being constantly concerned about their precarious financial situation. In Santa Clara, 38 percent of the parents expressed at least mild levels of depression.

Two Hennepin County parents offered perspectives on these problems:

"Before I received child care subsidies, I was forced to work two jobs, about 65 hours per week. Between work and commuting time I had no time to be a parent and what time I had was very low quality...."

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"I go to bed...every night nervous or crying with frustration wondering if the money left will make it to my next paycheck. I'm finding myself short with the kids more and then stop myself and say, 'Think. It's not fair, they are only kids....' So I give them hugs and say I'm sorry."

A mother on the waiting list in North Carolina purchased licensed, center-based care for her six-month-old son, and she could barely afford essential items such as food and clothing for him or herself. The high costs of providing for her son forced the family to move to an unsafe neighborhood, and the phone was likely to be disconnected because she could not pay the bills. This mother, working full-time while attending college, had also seen her performance in school suffer as a result of these financial pressures.

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The Supply of Child Care, Early Education, and School-Age Care Is Inadequate

High quality, reliable child care, early education and school-age programs are critical both to preparing children for school and helping parents get and keep a job. However, child care, early education and school-age programs are in short supply across the country, with many communities reporting long waiting lists for all kinds of care. It is particularly difficult to find certain types of care, including care for infants, school-age children, and children with special needs, care in certain neighborhoods and counties, and "odd-hour" care for families who don't work from 9 to 5. All of these problems are exacerbated for low-income families, who are most likely to experience these shortages.

Nationwide, there are hundreds of thousands of child care programs serving children.

- In 1999, there were an estimated 393,125 licensed and regulated child care centers and homes in the 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. This included 102,458 regulated child care centers, 249,622 regulated small family child care homes, and 41,045 regulated large and group child care homes. Since 1991, the number of centers has increased 19 percent and the number of child care homes has increased 18 percent.[1] [Table 2 indicates the number of programs in each state.]
- While more recent data are not available, a 1990 study estimated that only between 10 to 18 percent of the family child care providers in the country were regulated at that time.[2]

Nonetheless, parents and experts report that child care is in short supply—particularly for some age groups and for certain types of care—and that some communities have little or no licensed care.

- In a 1997 study by the U.S. General Accounting Office (GAO), large gaps were found between the supply and demand of child care for infants and school-aged children in the following selected sites:[3]
  - In the nonpoor areas of Chicago, the supply was sufficient to meet only 22 percent of the demand for infant care, and 21 percent of the demand for school-age care.

- In Linn County, Oregon, the supply was sufficient to meet 48 percent and 49 percent of the demand for infant and school-age care, respectively.
- In Baltimore City, Maryland, the supply was sufficient to meet 48 and 75 percent of the demand for infant and school-age care, respectively.

- Many other states and cities have also been unable to meet the need for child care. For example:
  - In Delaware, there were only 8,900 before- and after-school care slots in legally operating day care facilities for an estimated 74,600 school-age children with working parents.[4]
  - In Dallas, only one in five Dallas County school-age children (ages five to 11) with working parents had access to available slots in after-school programs, according to estimates by the Dallas Commission on Children and Youth in 1996.[5]
  - When the Minnesota Child Care Resource and Referral Network conducted follow-up interviews with many of the 5,000 families who had received referrals, 30 percent of the parents surveyed reported difficulty finding care because of a lack of openings, 20 percent had difficulty finding care because it was not available during the hours parents needed it, and 15 percent had difficulty finding care because the location was not appropriate.[6]
  - One study found that nine out of 55 counties in West Virginia had no licensed child care centers, and another 14 only had one center.[7]
- In a 1995 GAO study, six out of seven states surveyed indicated a shortage of special-needs child care.[8]

As more families are working shifts, or during non-standard work hours, there is an increasing need for child care during odd hours. Yet the supply of such care is minimal, forcing families to make difficult choices.

- Low-income mothers, many of whom are struggling to get off welfare, are likely to find jobs that require evening and weekend hours. Nearly one in five full-time workers (14.3 million) worked non-standard hours in 1991. More than one in three (five million) of them were women.[9] One-third of working-poor mothers with incomes below poverty and more than one-fourth of working-class mothers (those with incomes above the poverty line but below $25,000 a year) worked weekends.[10]
- Between 1985 and 1997, the number of full-time wage and salary employees working non-standard shifts increased by 30 percent to 15.2 million. The top ten occupations projected by the Bureau of Labor Statistics to experience the most growth from 1995 to 2005 employ a large percentage of their workers during non-standard hours.[11]

- A 1997 study found that one-third of employees with young children worked evening, night, rotating, split, and variable shifts.[12]
- Many parents work on a rotating or changing schedule, which presents an even greater obstacle to finding child care than either a regular weekend or evening schedule. One study found that almost half of low-income working parents worked on a rotating or changing schedule, compared with one-quarter of working-and middle-class mothers and one-third of working- and middle-class fathers.[13]
- Despite the need for non-traditional hour care, it is often unavailable. In a study by the U.S. General Accounting Office, all seven states surveyed indicated a shortage of care during non-traditional hours.[14]
- According to a 1997 report that examined the supply of different types of care at four sites across the country:[15]
  - In Baltimore City, Maryland, only 12 percent of providers in poor areas and 13 percent of providers in nonpoor areas offered care during non-standard hours.
  - In Benton County, Oregon, only 19 percent of providers in poor areas and 13 percent of providers in nonpoor areas offered care during non-standard hours.
  - In Chicago, only 20 percent of providers in poor areas and 23 percent of providers in nonpoor areas offered care during non-standard hours.
- The demand for child care during non-traditional hours may outstrip the supply across the Greater Boston area. A survey of eight Boston neighborhoods found that there may be a strong need for child care during the "shoulder hours" of early morning and evening during the week, and for weekend hours. Four percent of the parents surveyed needed child care during late evening or early morning hours during the week, seven percent needed care on Saturdays, and two percent needed care on Sundays. The demand for non-traditional hour care may increase as welfare recipients continue to move into low-wage, service sector jobs as a result of welfare-to-work efforts.[16]

Low-income families face particular difficulties finding care. Numerous studies have found serious shortages of care in low-income communities, which often do not have an economic base to support adequate child care.

- A study by the U.S. Department of Education found that public schools in low-income communities were far less likely to offer prekindergarten programs (16 percent) than were schools in more affluent areas (almost one-third).[17]

- Schools in low-income areas are much less likely to offer the extended-day and enriched programs that can help keep children safe after school, and help them stay out of trouble. In 1993, only one-third of the schools in low-income neighborhoods offered such programs, compared with 52 percent of the schools in more affluent areas.[18]
- A national study found that more affluent counties had two to three times the supply of preschool programs per capita, meaning that low-income families have far less access to the preschool programs that enable parents to work and children to receive the early learning experiences that allow them to enter school ready to succeed.[19]
- A study of child care in Massachusetts found limited availability of center-based care, especially full-day care, in low-income neighborhoods. The supply of family child care was also found to be more limited than in higher-income neighborhoods.[20]
- A study of families receiving welfare in Illinois found that licensed care was simply not available in some relatively large areas in the state. Even in areas where care was available, the demand often exceeded the supply, most commonly in the poorest communities of the state.[21]
- A report presented to the Los Angeles Board of Supervisors found serious shortages of child care in the city's low-income communities, with the result that children were left unsupervised in county parks and libraries when school was not in session. According to the report, parks and libraries were commonly used as informal after-school arrangements, although no staff were available to formally supervise the children to make sure that they were safe and involved in constructive activities.[22]
- A 1997 study found that access to preschool and child care programs in California was "grossly unequal," with affluent children having a much greater opportunity to participate in programs than poor youngsters. Upper-income children in Los Angeles were twice as likely to find preschool slots as were some children living in low-income areas. While affluent areas of Los Angeles had 269 slots per 1,000 youngsters, localities in California with high concentrations of poor Latino families had just 105 child care slots per 1,000 children and poor neighborhoods with a high concentration of African American and white residents reported 152 slots per 1,000. Child care slots were the most limited for families in Fresno, where there were 40 percent fewer preschool slots than in Los Angeles County.[23]

Public investments in improving supply can make a difference in helping families have access to the child care they need.

- Connecticut has developed an ambitious facilities development program. In June 1998, the state enacted a "pooled revenue bond"[24] program as part of its School Readiness legislation. Non-profit prekindergarten programs are eligible for low-interest loans that only require that they repay between 15 and 25 percent of the loan. The state of Connecticut pays the balance of the loan principal and interest. The first $10 million bond pool sold in October 1998 and has paid for the construction and renovation of six child care facilities serving 1,050 children.[25]
- In 1998, Massachusetts experienced such a severe supply problem that, despite a waiting list for the state's prekindergarten initiative, the City of Boston faced the prospect of returning part of its grant; providers lacked the licensed facilities to enroll more children. At the city's suggestion, the state Department of Education approved a plan to use one-third of the city's funding, $1.4 million, to make grants to providers who could immediately use the funds to expand and improve prekindergarten facilities. In just months, 11 programs used those funds, and $1.9 million more in other grants and loans to create high quality space for 231 additional children. The program was so successful that the state offered each of the state's municipalities the option of applying a portion of its grant to make similar investments in the physical capacity of its prekindergarten infrastructure.[26]
- The Ohio legislature has launched a policy to provide early childhood care and education opportunities to low-income children. Through a two-fold strategy, the state offers financial support to supplement Head Start and funds a smaller, public school preschool program for children ages three and four. In addition, two Ohio agencies—the Department of Development and the Department of Human Services—set up a Day Care Grant and Loan Program to help child care providers access capital. This revolving loan fund makes loans of up to $25,000 to start or expand family child care homes or centers.[27]
- Maryland has created a Family Day Care Provider Direct Grant Fund to reimburse providers up to $500 for funds expended to meet state or local regulations. The grant is contingent on the provider agreeing to offer care for at least one year for categories of children for whom appropriate programs are in short supply, such as infants, children with special needs, school-age children or children receiving subsidies. Maryland also has a loan fund providing $1,000 to $5,000 to help child care centers meet licensing requirements.[28]

- In 1997, the City of San Francisco established the Child Care Facilities Fund (CCFF), a public-private partnership involving the city, local banks, foundations, and non-profit organizations. The CCFF provides small grants to family child care providers. In the first round of funding, in May 1998, a total of $100,000 was awarded to 23 providers to help them create 66 new spaces for children and offer high quality care. The Fund also offers financial assistance to improve facilities at non-profit child care centers, and technical assistance in the areas of facilities renovation, expansion, and business skill management. In addition, through the Section 108 Child Care Center Development Loan Program, the city takes out loans from the U.S. Department of Housing and Urban Development on behalf of child care centers and helps subsidize the loan. The CCFF received $600,000 in 1998-99 from the city's general fund, and has raised $2.5 million from other sources.[29]
- In 1999, San Francisco also launched the "Adopt a Child Care Center" initiative, pairing 15 construction companies with child care centers in low-income neighborhoods. The companies will donate more than $1 million in labor, supplies, and expertise to renovate and remodel 24 centers, adding 300 slots and preserving many additional programs that otherwise might be forced to shut down.[30]

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Low-income Children Face Barriers to Obtaining Good Quality, Affordable Child Care, Early Education, and School-Age Care

Low-income children may have the greatest need for good quality early care and education, given that they are struggling to overcome the disadvantages of poverty and need an extra boost to help them succeed in school and beyond. While research has repeatedly shown that good quality care can make a significant difference in the lives of low-income children, it also demonstrates that low-income children often do not have access to the care they need to get ahead. Due to the cost of care, the limited supply in many low-income neighborhoods, and insufficient investments in child care and early education programs, far too many low-income children are unable to obtain good care that keeps them safe and helps them to enter school ready to succeed, and that helps their parents work.

Low-income children have a particularly strong need for good child care and early education because of the many disadvantages they face growing up in poverty.

- Far too many young children are growing up in poverty, and are facing the barriers that poverty creates. In 1998, 20.6 percent of children under age six lived in poverty.[1] The number of children living in families with incomes below one-half of the poverty line increased by 426,000 (from 2.3 million up to 2.7 million) between 1996 and 1997. In 1997, the rate of extreme poverty among children in mother-only families was 10.8 percent.[2]
- Over half of children under 18—38.1 million children—have one or more risk factors that jeopardize their chances for success in school and in life. More than 9 million of these children have four or more risk factors.[3] These children live in families with incomes below the poverty line, have parents who lack a high school education, live in households where no parent has full-time employment, live with a single parent or without parents, are in families receiving welfare assistance, and/or lack health insurance coverage.
- Low-income families may have fewer opportunities to engage in literacy development activities with their children. In a 13 state survey, nearly one out of four children ages one to five living in low-income families (families with income below 200 percent of the poverty level) were read to or told stories fewer than three times a week, as compared with only one out of 10 children in families with higher incomes who were read to this infrequently.[4]

- Low-income children may have a more limited vocabulary. A study that followed children over a three-year period found that at age three, children from families receiving welfare had less than half the number of words in their vocabulary as children from professional families. This gap grew over time, and by first grade the children from families receiving welfare had one-quarter as many words as children from professional families.[5]

- Research in child development demonstrates the negative outcomes that occur when children are deprived of necessary resources during the important early years of life. Studies of children raised in poor environments—both in this country and elsewhere—show that they have cognitive deficits of substantial magnitude by 18 months of age.[6]

- A study by Child Trends found that, compared with non-welfare children, nearly one-third more children receiving welfare suffer from delays in growth or development, a significant emotional or behavioral problem, or a learning disability. Children in welfare families are three times more likely than non-poor children to be in poor health.[7] These vulnerable children need high quality early childhood development programs so that they can enter school ready to succeed.

- A study of welfare recipients in Illinois, the majority of whom neither worked nor went to school, found that families had to cope with a higher incidence of chronic illness and disabilities among their children. Single parents with children who are chronically ill or have severe intellectual or physical disabilities require special attention and assistance.[8]

- Low-income children often attend lower quality schools that lack adequate resources. In these schools, time spent on constructive activities can be as meager as seven hours per week.[9] These factors jeopardize low-income children's chances for school sucess.

- The various risks that low-income children face combine to place them at higher risk of falling behind in school and dropping out of high school.[10]

Research has repeatedly shown that good care and education can help low-income children get ahead in school and improve their chances for success.

- Good early care and education programs help children enter school ready to succeed in a number of ways, and have a particularly strong impact on low-income children who are at greater risk for school failure. A major study has been following a group of children to compare the development of children in high quality child care with that of children in lower quality child care. Researchers have thus

far tracked the children's progress from age three through second grade. At the end of this most recent study period, children in high quality care demonstrated greater mathematic ability, greater thinking and attention skills, and fewer behavioral problems. These differences were particularly significant for children at risk.[11]

- A 1999 study found that low-income children who received comprehensive, quality early educational intervention scored higher on cognitive, reading, and math tests than a comparison group of children who did not receive the intervention. These effects persisted through age 21. Young people who had participated in the early education program also were more likely to attend a four-year college and to delay parenthood. Mothers whose children participated in the program achieved higher educational and employment status as well, with particularly strong results for teen mothers.[12]
- A report on the effects of preschool programs, conducted for the Head Start program, found that preschool education programs for children considered to be "at risk" of school failure have been effective in improving social skills, increasing family satisfaction and family activities with children, and enhancing cognitive abilities.[13]
- A 1998 study examined a broad range of research on the impact of early childhood programs on children's development, and found that good programs can affect children's long-term success in areas such as school achievement, higher earnings as adults, and decreased involvement with the criminal justice system.[14]
- Early childhood programs can result in significant cost savings in both the short and long term. For example, a study of the long-term impact of a good early childhood program for low-income children found that after 27 years, each $1.00 invested saved over $7.00 by increasing the likelihood that children would be literate, employed, and enrolled in postsecondary education, and making them less likely to be school dropouts, dependent on welfare, or arrested for criminal activity or delinquency.[15] A study of the short-term impact of the Colorado prekindergarten program found that it resulted in cost savings of $4.7 million over just three years in reduced special education costs.[16]
- Studies of several state prekindergarten initiatives offer convincing evidence of the benefits of early education for children at risk of school failure. These benefits include higher math and reading scores, stronger learning skills, increased creativity, better school attendance, improved health, and greater involvement by parents in their children's education.[17]

- Several studies have found that good school-age child care programs can help older children succeed, as their academic performance is enhanced by attending formal child care programs of at least adequate quality. Children attending such programs have been found to have better work habits and relationships with peers, and to be better adjusted and less anti-social than children who spend their out-of-school hours alone, with their mothers, or informally supervised by other adults. Additional studies have determined that how well a child gets along with other children is a better predictor of adult adjustment than academic performance or classroom behavior.[18]

Yet research has also shown that low-income children are less likely to get the good care and early education they need because care is unaffordable and often in short supply in these children's neighborhoods.

- Decent care is unaffordable for many low-income parents. Child care can *easily* cost over $4,000 a year per child, and can be more for younger children, children with special needs, and in some regions of the country.[19] With one out of three families with young children earning less than $25,000 a year,[20] these costs put quality care out of reach for many families.
- In the 23 states with the highest child care costs in urban areas, a family with an infant and a four-year-old, with both parents working full time at the minimum wage ($21,400), would have to spend half or more of its income on child care to afford even average-priced care.[21] And the situation is even worse for families with younger children, as the cost of care is greatest for children under two years of age.
- The vast majority of low-income families are unable to get help paying for the cost of care. Only one out of ten children eligible for child care assistance under federal law are receiving any assistance through the Child Care and Development Block Grant program.[22]
- While the need for child care is greater among low-income working families than the population as a whole, access to the kinds of high quality programs capable of preparing their children for school is much lower. In 1998, only 42 percent of children who were between the ages of three and five but not yet in kindergarten, living in families earning less than $15,000, were enrolled in prekindergarten, compared with 65 percent of children the same age whose parents earned $50,000 and above.[23]
- A study by the U.S. Department of Education found that public schools in low-income communities were far less likely to offer prekindergarten programs (16 percent) than were schools in more affluent areas (almost one-third).[24]

- A Carnegie Corporation study noted that children in low- and moderate-income families are more likely to be cared for in settings that do not meet quality standards, and that there are long waiting lists at the high quality programs that exist for these families.[25]
- A study in Massachusetts found that the supply of child care in communities with large numbers of welfare recipients was much lower than in higher-income communities. The 10 percent of zipcode areas with the greatest share of welfare recipients had just 8.3 preschools operating per 1,000 children ages three to five. This was one-third lower than in high-income communities.[26]
- Low-income children may also lack transportation to get to programs. A 1995 government survey found that 57 percent of urban, 33 percent of suburban, and 28 percent of rural welfare households did not own a vehicle.[27] Public transportation often fails to fill the gap for these families, even in more populated areas.[28]

Low-income families face hurdles trying to find supportive school-age options as well.

- Research suggests that playing with friends during out-of-school time is associated with school achievement and adult success. Children from low-income homes, however, tend to be more isolated from peers during out-of-school time than middle-income children.[29]
- Many low-income parents in one study reported that they would like to enroll their school-age children in lessons and other organized activities but were prevented from doing so by prohibitive cost, transportation difficulties, worries about neighborhood safety, and a shortage of available options.[30]
- Schools in low-income areas are much less likely to offer the extended-day and enriched programs that can help keep children safe after school, and help them stay out of trouble. In 1993, only one-third of the schools in low-income neighborhoods offered such programs, compared with 52 percent of schools in more affluent areas.[31]
- The National Study of Before- and After-School Programs found that access to school-age care programs is limited.[32] Most programs (83 percent) operate exclusively on parent fees, and fewer than one-third of all programs receive any governmental support to subsidize enrollment of low-income children. This effectively excludes families who cannot afford the high cost of school-age care, which can average $3,000 a year or more.[33] Unsurprisingly, children in low-income households spend an estimated 50 percent more time watching television than their more affluent peers.[34]

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Babies and Toddlers Are Particularly Vulnerable: Good Child Care and Early Education Can Play a Vital Role in Their Development

The first three years of life represent a significant stage in a child's development. As a result, high quality caregiving is extremely important to babies and toddlers. However, in almost every community, parents struggle to find affordable, much less good quality, care for their young children. Research suggests that much of the infant/toddler care that is available is not even providing the nurturing and stimulation that children need to grow and thrive. This is particularly troubling for children from low-income families who need supportive child care and early education experiences to help them overcome the disadvantages of poverty.

The first three years of life have an important impact on a child's development. During these years, children develop many of the basic learning patterns and abilities that they will build upon for the rest of their lives.

- The first three years of life are particularly critical to children's early learning. Research on the development of children's brains has shown that how children grow and develop depends on the interplay between nature (the child's genetic endowment) and nurture (which includes their nutrition, surroundings, care, and stimulation).[1]
- A Carnegie study pointed out that "the quality of young children's environment and social experience has a decisive, long-lasting impact on their well-being and ability to learn."[2] Their early experiences also affect how they cope with stress, and how they regulate their own emotions.
- Research shows that children's brain development is far more susceptible to adverse influences than had been realized. This means that children's environments (such as their homes and child care settings) play a significant role in influencing how they develop. Environmental influences not only affect the child's general development, but actually affect how the intricate circuitry of the brain is "wired."[3]

Many children spend a good part of their early learning years in child care programs that take care of them while their parents work.

- Each day, an estimated six million children under age three—including children with mothers who work outside the home and those who do not—spend some or all of their day being cared for by someone other than their parents.[4]
- In 1998, nearly three out of five children under three (57 percent)—approximately six million babies and toddlers—had mothers in the labor force.[5]
- Nearly half of children younger than five with working mothers (45 percent) were cared for in child care centers—which include nursery schools, Head Start, and prekindergarten programs—or family child care homes in 1994.[6] Of children younger than five with employed mothers, the Census Bureau found that:
  - 29 percent were cared for in child care centers,
  - 15 percent in family child care homes,
  - 25 percent by relatives,
  - 24 percent by their own parents, and
  - 5 percent by non-relatives in their own homes.
- Of children younger than *three* with employed mothers who were cared for by someone other than their parents in 1994:[7]
  - 24 percent were cared for in centers,
  - 18 percent in family child care homes,
  - 28 percent by relatives,
  - 25 percent by their own parents, and
  - 6 percent by non-relatives in their own homes.

Yet far too many very young children are being cared for in settings that do not ensure that they are getting what they need for a strong start in life.

- A national study found that *"Child care at most centers in the United States is poor to mediocre, with almost half of the infants and toddlers in rooms having less than minimal quality."*[8] It found that fully 40 percent of the rooms serving infants in centers provided care that was of such poor quality as to jeopardize children's health, safety, or development. Only one in twelve (8 percent) received a rating of good quality care for infants and toddlers. In less than minimal quality rooms, babies:

- Are vulnerable to illness because basic sanitary conditions are not met for diapering and feeding.
- Are endangered because of safety problems that exist in the room.
- Miss warm, supportive relationships with adults.
- Lose out on learning opportunities because they lack the books and toys required for physical and intellectual growth.

- Another national study found equally alarming patterns in family child care programs and home-based care, which many parents use to care for their younger and more vulnerable children. This study found that *over one-third* of the programs were rated as inadequate, which means that their quality was low enough to actually harm children's development. Only 9 percent of the homes were rated as good quality, which was defined as enhancing the growth and development of children. Furthermore, the study found that low-income and minority children were more likely to be in lower quality programs than other children.[9]
- The latest findings from a long-term study of 1,300 children ages three and younger from socially and racially diverse backgrounds show that the quality of care affects children's learning ability. The study found modest but significant differences in school readiness scores of children in high quality care and those in low quality care, with children who had attended high quality programs more likely to perform above average. The children in high quality care also scored higher in their ability to express and understand language.[10]
- Poor quality care has been shown to have a serious impact on children's development. Children in poor quality care have been found to:
  - Spend substantial amounts of unoccupied time tuned out and unengaged in social interactions.
  - Be delayed in their cognitive and language development, pre-reading skills, and other age-appropriate behaviors.
  - Be insecurely attached to their caregivers.
  - Display more aggression towards other children and adults.[11]
- Parents and child development experts know that it is essential that young children receive lots of individual attention and care. Because of this, they recommend that, in child care centers, one adult should care for no more than four infants, or five young toddlers, or six two-year-olds. Despite the importance of having small numbers of young children per adult for children's safety and development, in 1999:
  - 18 states allowed child care centers to have one adult care for more than four nine-month-old children,

- 25 states allowed one adult to care for more than five 18-month-old children, and
- 32 states allowed one adult to care for more than six two-year-olds (age 27 months).[12]

- Family child care settings, which parents often prefer for their very young children, are less likely to be required to meet basic health and safety requirements. For example, a CDF study of state licensing policies in 1993 found that 25 states did not require family child care providers to have all staff trained in basic first aid, as is recommended by the American Academy of Pediatrics.[13] In 1999, one out of every five states allowed family child care homes serving five or fewer children to be exempt from *all* health and safety protections, from any screening of the provider's background or qualifications, and from other critical protections.[14] South Dakota allowed homes serving as many as 12 children to be exempt from any requirements.

Parents and experts report that child care options for infants and toddlers are in short supply across the country.

- In a 1997 GAO study, state and local officials at four selected sites—Baltimore City in Maryland, Chicago in Illinois, and Benton and Linn counties in Oregon—agreed that their current supply of known child care was inadequate for meeting the demand they faced for infant care. In Chicago, for example, the supply of child care was sufficient to meet only 16 percent of the demand for infant care. In Baltimore City, the supply of child care could meet just 37 percent of the demand.[15]
- In a 1995 GAO study, Michigan officials reported that their state had a shortage of care for infants and children with special needs in the inner cities and a shortage of all types of child care in rural areas. A suburban county child care specialist said the supply of child care providers could not handle the 3,000 new parents in the county who were required to participate in the state's welfare reform program.[16]
- A study of child care needs in six cities found serious shortages of infant care. In four sites (Bath, Boulder, Chicago, and San Francisco), child care resource and referral (CCR&R) staff reported that demand for child care for infants exceeded the supply of care.[17] Some CCR&Rs recommended that parents put their name on waiting lists for infant care as soon as they knew they were pregnant. In both Boulder and San Francisco, staff reported that, because they were unable to help young mothers find care for their babies, women had lost their jobs and returned to welfare.[18]

- Child care resource and referral agencies (CCR&Rs) in states and communities across the country provide evidence of shortages of infant and toddler care:
  - In 1998, 33 percent of children whose parents requested referrals for child care in California were infants under two, but only 4 percent of the center-based slots were licensed for children of this age group.[19]
  - In 1997, the Honolulu resource and referral agency (PATCH) received 2,622 calls statewide from parents looking for child care for their infants and toddlers up to 18 months old. However, the agency's database listed only 1,062 slots for children this age.[20]
  - The Northwest Arkansas Resource and Referral Center reports that parents searching for infant care in Carroll, Benton, Washington, and Madison Counties have particular difficulty finding it, and face long waiting lists.[21]
  - In North Carolina, a set of parent evaluations found that after six weeks of searching, 59 percent of parents with infants and 43 percent of parents with one-year-olds had not yet found care.[22]
  - A survey of Utah child care providers found that only half provided infant care. Of the providers who took care of infants, two-thirds (67 percent) reported having a waiting list for parents wanting infant care. The average length of the waiting list was over seven months.[23]
- A 1990 study surveyed centers and found that "vacancies for infants and toddlers are especially limited; fewer than 10 percent of all vacancies could be filled by infants and toddlers."[24]

Child care for infants and toddlers costs more than care for older children, making it even more unaffordable for working families. This presents a particular challenge to low-income parents who are trying to get off or stay off welfare.

- A 1998 study found that average cost of center care for a 12-month-old was above $5,500 in half of the cities surveyed, including 11 areas where these costs averaged more than $7,000 per year. The average annual cost of care for an infant in an urban center is more than the average annual cost of public college tuition in every state. Family child care for infants is expensive as well. In over half of the urban areas surveyed, the average cost of family child care for a 12-month-old was more than $4,500 per year, including 10 cities where the average cost was higher than $5,500 per year.[25]

- Families with very young children are often headed by parents who are in the early stages of their work lives, and therefore do not have high earnings. For example, one out of three families with young children earns less than $25,000 a year.[26] The cost of adequate child care is beyond the reach of these families unless they get help.
- A 1995 study of child care prices in six cities found that, for a minimum wage worker, the family's child care costs at the *average* price of care for an infant in a child care center would be at least 50 percent of family income in five of the six cities examined. A full-time minimum-wage worker paying the standard price at the *lowest*-priced center for infant care would be spending from 38 to 81 percent of their earnings on care in four of the six sites.[27] Another study found that in nine of the 12 states examined, infant care can take 60 percent or more of a parent's paycheck if she or he is working at a minimum wage.[28] Given the other costs of raising a family, such as rent, food, transportation, and clothes, it is clearly very difficult for low-income parents to afford good care for their young children.

Inadequate family leave policies limit the options for families with very young children trying to balance work and family.

- In 1993, Congress passed and President Clinton signed the Family and Medical Leave Act (FMLA). The FMLA requires employers to allow employees to take up to 12 weeks of leave each year to care for a newborn or newly adopted child, or for family members with serious health conditions, or to recover from health problems. Yet the law does not provide for paid leave and it does not apply to private employers with 50 or fewer employees. As a result, many parents who cannot afford to miss several days' or weeks' pay or who work for small employers are unable to stay home and care for their children.
- No state offers a universal paid parental leave benefit that provides full wage replacement for all parents who choose to stay home following the birth of a child. Only five states have taken even a small step in this direction by offering state-mandated temporary disability insurance benefits, which provide for a percentage of wage replacement during a stipulated period of disability. These state programs include pregnancy and childbirth in their definition of disability, providing a way for many mothers to have some amount of paid leave following the birth of a child.[29]

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School-Age Child Care: Keeping Children Safe and Helping Them Learn While Their Families Work*

The majority of school-age children have parents who work, and need safe places to be during their out-of-school hours. Research has repeatedly demonstrated that good activities for school-age children after school can help children's development, safety, and school performance as well as reduce risk-taking behaviors such as the use of drugs, alcohol, and tobacco. Yet, far too many children are left to care for themselves, placing them at greater risk of a range of problems. Unfortunately, low-income children, who have the greatest need for after-school programs, are less likely to have access to constructive activities during their out-of-school time.

Many school-age children have parents who work. They may need constructive activities in which to participate during at least some of the many hours that they are not at school.

- Children spend less than 20 percent of their waking hours in school. Schools typically are open for less than half the days of the year, and the school day only lasts until mid-afternoon. What happens in the remaining hours when they are not in school is critical to children's development.
- In 1998, over three-quarters (78 percent) of women with children ages six to 17 were in the labor force, and the majority of these women worked full time. About 31 million children between the ages of six and 17 lived in families where their mother was in the labor force.[1]
- Approximately 1.7 million children in kindergarten through grade 8 were enrolled in 49,500 formal before-and/or-after-school programs in 1991, according to the National Study of Before- and After-School Programs. The study found that 83 percent of those enrolled in after-school programs were in the prekindergarten through third-grade age range.[2]

** A number of the facts in this section are from materials provided by the National Institute on Out-of-School Time (formerly the School-Age Child Care Project) at Wellesley College in Massachusetts. For more information, contact NIOST at (781) 283-2547.*

Good school-age care can have a major impact on children's development, safety, and school achievement.

- Teachers and principals are recognizing the positive effects of good quality programs on their students. The Cooperative Extension Service studied the effects of 64 programs that had received Extension assistance in 15 states. Teachers said that the programs had helped the children to become more cooperative (34 percent), learn to handle conflicts better (37 percent), develop an interest in recreational reading (33 percent), and improve their grades (33 percent). Over one-third of the school principals stated that vandalism in the school had decreased as a result of the programs. In addition, the study estimated that 16 percent of the program children had avoided being retained in grade due to program participation, resulting in an estimated savings of over $1 million.[3]

- Whether or not their mother is employed, research indicates that what children do during non-school hours has a critical impact on school achievement and long-term success. Research indicates that the activities in which children are engaged, as well as the quality of adult supervision they receive, are as important as family income and parents' education in determining academic success.

- Research shows that children who spend 20 to 35 hours per week engaged in constructive learning activities are significantly more likely to succeed in school. Children's out-of-school hours represent a substantial ongoing opportunity for them to learn through play, to learn how to get along with other children, and to form enduring and supportive relationships with adults.[4]

- Several studies have found that school-age children's academic performance is enhanced by attending formal child care programs of at least adequate quality. Children attending such programs have been found to have better work habits and relationships with peers, and to be better adjusted and less anti-social than children who spend their out-of-school hours alone, with their mothers, or informally supervised by other adults. Other studies have found how well a child gets along with other children to be a better predictor of adult adjustment than academic performance or classroom behavior.[5]

- A three-year study of four after-school programs that were offered free of charge to children living in targeted high-crime neighborhoods determined that children in these programs had fewer school absences, better conflict management strategies, and better work habits at school than did their school classmates not attending the programs who lived in the same neighborhoods. In addition, children who attended the programs for more days demonstrated larger beneficial effects than did children who attended fewer days. Children who participated more frequently had better work habits, better interpersonal skills, engaged in less misconduct in their neighborhoods and at school, and missed less school.[6]

- A 1999 study that examined the effects of self-care among urban children in low-income families found that children who spent more time home alone in third grade displayed more behavior problems both in third grade and later when they reached fifth grade.[7]
- A study compared juvenile arrests in a public housing project starting an after-school skills development program with those in another housing project providing only minimal recreational services. The number of juvenile arrests declined by 75 percent after the start of the after-school program, while they were increasing by 67 percent in the comparison project.[8]
- In the first year after the Baltimore Police Department opened an after-school program in a high-crime area, crime in that neighborhood dropped 42 percent.[9]
- A Public/Private Ventures study of Big Brothers/Big Sisters' carefully-designed mentoring program showed that young people randomly assigned to receive a trained mentor were only about half as likely to begin illegal drug use or to hit someone as those randomly assigned to the control group.[10]
- Participants randomly assigned to a high school Quantum Opportunities Program of counseling, academic and life skills support, community service, and financial incentives, were less than one-quarter as likely to be convicted of a crime during the high-risk high school years as those in a control group. Those who participated in the program were also 50 percent more likely to graduate high school on time and two-and-a-half times more likely to attend postsecondary schooling.[11]
- More of children's discretionary time is spent watching television than any other activity. On average, children spend 14 hours a week or 25 percent of their discretionary time watching television.[12] Increasing the availability of school-age programs would help reduce the amount of time children spend in front of the TV set. One study found that children in formal programs spent more time in enrichment activities, and less time watching TV and pursuing unstructured activity, than children in other forms of care. They were also exposed to more learning opportunities. The researchers attributed the better emotional adjustment and work habits of children in formal care to these differences in time expenditure. By contrast, children in self-care spent more time watching television and less time under adult supervision, which are factors that correlate with anti-social behaviors, than children in other types of arrangements.[13]

Far too many school-age children are left to care for themselves rather participating in constructive activities in safe environments. "Self-care" can place children at greater risk of a range of problems, including school failure and risk-taking behaviors.

- Experts estimate that nearly 5 million school-age children spend time without adult supervision during a typical week.[14] Exact figures are not available, due to parents' reluctance to report that they leave children alone. Older children are much more likely to spend time on their own than younger children. Data from the 1990 National Child Care Survey suggest that less than 5 percent of children under age eight are regularly in self-care[15] compared to nearly 35 percent of 12-year-olds.[16]
- A survey of children ages 12 to 17 found that the majority are not involved in constructive activities when they are not in school. Seventy percent of respondents said that they do not belong to any clubs or organizations outside of school such as the Scouts or the Y, 74 percent said they usually get together with friends to hang out without anything specific to do, and 42 percent said they feel bored every day or almost every day.[17]
- The rate of juvenile violence is highest in the after-school hours between 3 p.m. and 7 p.m. During this time, the rate is four times as great as that during the standard juvenile curfew hours between 10 p.m. and 6 a.m. Three-hundred thirty-eight children are arrested for violent crimes every day.[18]
- Juveniles are more likely to be the victims of violent crime in the hour after the end of the school day than at any other hour of the day. Overall, juveniles are twice as likely as adults to be victims of serious violent crime and three times as likely to be victims of simple assault.[19]
- Children are more likely to be hurt when they are unsupervised for significant lengths of time, a risk that is especially high for low-income children in urban settings.[20]
- Self-care is associated with fearfulness and anxiety,[21] and unsupervised boys and girls show more anti-social behavior than supervised children.[22]
- Children who begin taking care of themselves in elementary school are significantly more likely to report higher use of alcohol by eighth grade. Regardless of how early they became latchkey children, eighth-graders left home alone for 11 or more hours a week report much greater use of cigarettes, alcohol, and marijuana than children not left home alone.[23]

Low-income children have particular difficulty getting access to school-age care or constructive activities after school.

- There is evidence that playing with friends during out-of-school time is associated with school achievement and adult success. Children from low-income homes, however, tend to be more isolated from peers during out-of-school time than middle-income children.[24]
- Low-income children are less likely to live in neighborhoods that have before- and after-school programs. In 1993, only 33 percent of schools in low-income neighborhoods offered before- and after-school programs, compared to over 50 percent of schools in affluent neighborhoods.[25] Research suggests that the availability and accessibility of neighborhood resources play a decisive role in how children spend their out-of-school time.[26]
- Low-income children seem to be less likely to have access to organized activities than higher income children. For example, the National Child Care Survey of 1990 found that organized activities like lessons and teams accounted for a substantial portion of out-of-school time of middle- and upper-income children. However, fewer than 6 percent of the low-income children in a study of children in three low-income communities were enrolled in formal lessons or activities.[27]
- With limited access to constructive after-school options, children in low-income households spend an estimated 50 percent more time watching television than their more affluent peers.[28]
- The high cost of school-age care can be a major barrier to participation by low-income families. The average annual cost of school-age care can equal $3,000 or more.[29] A 1991 study found that most programs (83 percent) operated exclusively on parent fees—effectively excluding families who cannot afford the tuition—and fewer than one-third of all programs received any governmental support to subsidize enrollment of low-income children. Lack of transportation is also a major obstacle for many low- and moderate-income parents.[30]
- Good school-age child care can help low-income children do better in school. For example, low-income third-graders attending more formal after-school programs in Milwaukee had higher grades in reading, math, and conduct, and were rated by their teachers as having better work habits and peer relations than children who were informally supervised after school.[31]

Many low-income parents would prefer to have their children in lessons or other organized after-school activities, but are unable to do so because of the cost or because there are no programs available.

- Over half (54 percent) of low-income parents in one study stated that they would make changes in their current out-of-school time arrangements if they could. Many parents reported that they would like to enroll their children in lessons and other organized activities but were prevented from doing so by prohibitive cost, transportation difficulties, worries about neighborhood safety, and a shortage of available options.[32]
- Many of the low-income parents interviewed were not happy about the role of television in their children's lives and over half wanted their children to spend less time watching television. Most wished their children could spend more time on academically related activities, enrichment activities such as hobbies and lessons, and community activities. In focus groups, parents often became excited and energized when they had an opportunity to talk about alternatives to television, both at home and in the community, sharing ideas and experiences. Overall, many of these parents felt that the barriers to finding safe and affordable alternatives were overwhelming.[33]
- Low-income parents whose children spent time alone or in the care of siblings were significantly less satisfied than those whose children spent all of their time under adult supervision.[34]
- The low-wage service-sector jobs available to mothers with little education often do not provide adequate income to cover child care and may require non-traditional hours when formal care is not an option. One study found that among the 16 percent of families who did pay for after-school child care, the mean payment was $24 weekly, or fully 19 percent of total family income.[35]

A broad range of individuals—from school-age children and teens themselves to mayors and police chiefs—are interested in making better options available to children during after-school time.

- A survey by Louis Harris and Associates found that 86 percent of teens want to take part in crime prevention programs, most of which have an after-school component. The most popular options were tutoring, mentoring and peer leadership programs, according to the survey, "Teens, Crime and the Community," a project co-sponsored by the Washington, DC-based National Crime Prevention Council.[36] Among those teens surveyed, 71 percent said they wanted to participate in a tutoring or mentoring program. Sixty-two percent were willing to join programs to prevent violence or drug use.

- A September 1999 Mott/JCPenney survey found that 92 percent of voters believe that there should be some type of organized activity or place for children and teens to go every day after school; 65 percent believe there are not enough after-school programs available; and 85 percent believe that it is difficult for parents to find after-school programs in their own communities. Voters surveyed also expressed their belief that after-school programs are a means to improve children's academic performance.[37]
- A poll of police chiefs from across the country found:[38]
  - Nearly nine out of ten (86 percent) agreed that "expanding after-school and child care programs like Head Start will greatly reduce youth crime and violence."
  - Nine out of ten also agreed that a failure to invest in such programs to help children and youth now would result in far higher costs later in crime, welfare, and other costs.
  - Police chiefs ranked providing "more after-school programs and educational child care" as the most effective strategy for reducing youth violence *four times as often* as "prosecuting more juveniles as adults" and *five times as often* as "hiring more police officers to investigate juvenile crime."
- In a July 1999 poll, nine out of ten respondents said they believed that investing more in preventive programs such as quality early childhood programs and after-school programs to help children would greatly reduce crime.[39]
- A poll conducted in August 1998, sponsored by the Mott Foundation, found striking support for after-school programs. Approximately 93 percent of Americans believe that there should be organized activities for children during after-school hours. Four out of every five respondents said they would be willing to pay an additional $10 per year in taxes to fund after-school programs in their communities. This support crossed party lines and was equally strong among both parents and non-parents.[40]
- In a poll conducted in August 1999, two-thirds of those surveyed felt that providing access to after-school programs and early childhood development programs such as Head Start was more important than cutting taxes. This was higher than the percentage of respondents who felt that paying off the national debt, building new highways, or building more advanced weapons and spending more on military pay were higher priorities than reducing taxes. Half of those surveyed said that they would pay more in taxes to support quality child care, early education, and after-school programs.[41]

- School districts and communities clearly demonstrated their interest in expanding school-age opportunities with their overwhelming response to the 1998 grant competition for the federal 21st Century Community Learning Centers program. Yet, the funding level for the program, which helps schools build their capacity to provide extended learning opportunities, allowed only one out of 20 applicants to receive the grants that year.[42]
- Public officials are recognizing the importance of school-age care. In a 1995 survey conducted by the National League of Cities, child care and before- and after-school care together were seen as one of the most pressing needs for children and families by 92 percent of all local officials responding.[43]

To address the need for school-age care, some states and local communities have invested in efforts to increase families' access to care.

- In Hawaii, the A+ program for after-school activities makes affordable, enriching experiences available for all children in kindergarten through sixth grade. The program is available to all families who need it on a sliding fee basis.
- Rhode Island allows families to receive help paying for before- and after-school care until their children are 16, giving parents of older school-age children access to constructive activities for their adolescents. Since states may only use Child Care and Development Block Grant funds to provide assistance to families with children under age 13 (or children up to age 19 who have special needs), Rhode Island must use its own separate state funds to make extend assistance to families with older school-age children.
- Los Angeles has made a major commitment to after-school care through its LA's BEST (Better Educated Students for Tomorrow) program. Each day, this program serves 5,800 students at 28 elementary schools in low-income communities that have high levels of gang activity and crime. By the year 2000, the program will operate in 62 schools serving almost 10,000 children a day. The program provides a diverse array of services at no cost from the time school lets out until 6:00 p.m., as well as offering 18 different city-wide weekend activities. It relies on resources from city government, the school district, and the private sector. Independent evaluations have found that participating children enjoy school more and that their grades have gone up, while grades for comparable children who are not in the program have worsened over time.[44]

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Children with Disabilities and Other Special Needs: Opportunities to Participate in Quality Programs Must Be Expanded

Families who have children with special needs face many challenges, particularly when trying to find high quality, appropriate child care, early education and school-age programs for their children. While research has shown that both children with special needs and other children benefit from inclusive settings, few such opportunities are available in most communities. Even when care is available, a lack of training and other supports means that these families must often struggle to help providers understand their special needs.

Many children have disabilities and other special needs that make it particularly important for them to receive quality care and early education that respond to their needs.

- There are approximately 5.8 million children nationwide with disabilities. This includes 200,000 infants and toddlers, 600,000 preschool-age children, 2.7 million children ages 6 to 11, and 2.3 million children ages 12 to 17.[1]
- Low-income children are more likely to have special needs. They are nearly twice as likely to have serious mental or physical disabilities (9.4 percent of low-income children compared to 5.3 percent of other children) and 1.3 times more likely to have learning disabilities (8.4 percent of low-income children compared to 6.4 percent of other children).[2]
- A study of welfare recipients in Illinois, the majority of whom neither worked nor went to school, found that families had to cope with a higher incidence of chronic illness and disabilities among their children. Single parents with children who are chronically ill or who have severe intellectual or physical disabilities require special attention and assistance.[3]

Providing children with disabilities and other special needs with opportunities to participate in quality child care and early education in inclusive settings helps all children and parents.

- Research shows that providing supports to children with disabilities and other special needs in their early years reduces their need for special education and other supports later in life.[4]

- Quality child care and early education benefit the parents of children with disabilities and other special needs by giving parents opportunities to learn how they can best support their children and work effectively with school systems to ensure that they are responsive to their children's needs.
- It is important to all children that child care, prekindergarten, and after-school programs provide access to children with disabilities and other special needs.[5] Inclusive programs benefit children with disabilities and other special needs by allowing them to learn from their peers. They also teach all children the values of interdependence and acceptance of human differences.

Yet, despite the importance of child care and early education to children with disabilities and other special needs, many lack access to quality care.

- A study of welfare mothers whose children had special needs and other disabilities found that these mothers had difficulty finding quality child care that would accommodate their children. For example, one mother whose two children (an infant and a three-year-old) had asthma discovered that the child care provider was not giving them their asthma medication. The mother removed her children from that arrangement immediately. Another mother whose son had a shunt in his head expressed fear that the providers would not understand that her son cannot lay down. She also worried that they would not recognize signs of a medical crisis. If her son gets a cold or flu-like symptoms, he must be sent to the doctor immediately.[6]
- A survey found that parents who were using paid care and whose children had emotional or behavioral disabilities had great difficulty making child care arrangements. These parents were 20 times more likely than other parents to report that their caregivers had quit or let their children go because of behavioral problems.[7]
- In a national survey of families who had children with disabilities, one-fifth of the respondents indicated that someone in their family had to quit working or work fewer hours because of a child's health. In a Florida survey of a similar group of families, 40 percent reported that caring for their children's special needs caused someone in the family to not work, 33 percent reported turning down a job, and 20 percent reported working less. The shortage of specialized child care is one of the major factors that make it difficult for these parents to work.[8]
- In a study by the U.S. General Accounting Office, six out of seven states surveyed indicated a shortage of special-needs child care.[9]

Federal and state resources are available to help support quality care and early education for children with special needs.

- The Individuals with Disabilities Education Act provides federal funding for two early childhood programs:
  - The Preschool Grants Program, authorized under Section 619 of Part B of IDEA, was established in 1981 to provide grants to states to serve young children with disabilities, ages three through five years. All states and eligible jurisdictions and outlying areas have participated in the program since fiscal year 1992. In 1998, federal funding for the program was $374 million, enabling more than 570,000 children to receive special education and related services nationwide.
  - The Grants to Infants and Families (Early Intervention) Program was created in 1986 and supports states in providing comprehensive early intervention services for infants and toddlers (birth through their third birthday) with disabilities, children at risk of developmental delay, and their families. The program is operating in every state, serving approximately 200,000 children. Early intervention services are designed to meet the developmental needs of children in the areas of physical, cognitive, communication, social/emotional, and adaptive development. Services must be provided in "natural environments," typically defined as the child's home or child care setting if parents work outside the home. In 1999, federal funding for the program was $370 million.
- Head Start works with children who have special needs. Programs are required to allocate 10 percent of their spaces for children with special needs. In 1997-98, 13 percent of the Head Start enrollment consisted of children with special needs, such as developmental delays, health and orthopedic impairments, visual and hearing impairments, emotional disturbances, speech and language impairments, and learning disabilities.[10]
- Child care assistance under the Child Care and Development Block Grant is generally limited to families with children under age 13, but states may assist families with children up to age 19 who have special needs or who are receiving protective services. States are required to give priority for child care assistance to children with special needs. (States each develop their own definition of "special needs," which may include not only children with physical and learning disabilities, but also children with other special circumstances, such as a teen parent.)

- Many state prekindergarten initiatives have eligibility criteria that target children with special needs and other disabilities. Kentucky's initiative requires districts to make prekindergarten available to all children ages three and four with developmental delays or disabilities, regardless of family income. Many states also make efforts to serve these children by coordinating their initiatives with other programs and resources and/or offering teacher training on working with these children.[11]

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PART III

Policies and Programs that Support Child Care, Early Education, and School-Age Care

Partners in Supporting Child Care, Early Education, and School-Age Care: The Role of Federal, State, and Local Government, and Private and Public Organizations

In the United States, child care, early education, and school-age care are a partnership among the public sector (federal, state, and local governments), the private sector (both businesses and charitable organizations), and parents. Both the public and private sectors play critical roles in helping families work and children get a strong start in life by supporting child care, early education, and school-age care.

Federal Role

The majority of public funds to support child care and early education are provided by the federal government. The federal government:

- Helps low-income families afford child care.
- Makes comprehensive support and early learning experiences available to children and families in poverty through Head Start and Early Head Start.
- Provides funds to strengthen the quality and expand the supply of child care.
- Supports meals and snacks in child care, early education, and after-school programs.
- Allows families to claim tax credits for some of their child care expenses.
- Enables communities to increase the availability of school-age programs.
- Ensures that children with special needs have access to child care and early education programs.

A Brief History of Recent Federal Action in Child Care and Early Education

Other than some involvement in providing child care to women working during the Second World War, the federal government had little role in child care and early education until the 1960's when the Head Start program was started. The federal role in providing child care to help low-income parents work expanded significantly in the late 1980's. In the 1990's, changes were made to existing federal child care programs as part of the new welfare law.

In 1965

The federal government launched the federal **Head Start** program to help low-income children get a strong start before they entered school. The program has expanded over the subsequent years, but it still only serves about half of eligible preschool-age children.

During the 1970's and 1980's

The federal government began offering several types of limited assistance to help cover some of the costs of child care for parents:

- **Social Services Block Grant/Title XX:** During the 1970's, states were required to spend a portion of federal Title XX funds on child care. This program was turned into the Social Services Block Grant (SSBG) in 1981, and states were allowed to choose whether to use any SSBG funds to provide child care assistance to families. Since 1981, states have varied widely in the extent to which they use these funds to help families with their child care expenses.
- **Child Care Disregard:** Under this provision, states could allow working families on welfare to disregard some of their child care expenses before calculating their cash assistance levels.
- **Child and Adult Care Food Program (CACFP):** Since the 1970's, the federal government has offered financial assistance to child care and after-school programs to enable them to offer nutritious meals and snacks to children through the CACFP.
- **Dependent Care Tax Credit:** Since 1976, all families have been entitled to a tax credit for a portion of their child care expenses. The credit is not refundable, however, meaning it cannot be used by families whose income is low enough that they do not pay taxes.

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In 1988

Congress passed the **Family Support Act (FSA),** which recognized that child care assistance was an essential component of a welfare reform agenda. This led to the first child care guarantee, for families on welfare who were working or enrolled in job training or education programs (sometimes called **JOBS child care**), and for families leaving welfare who needed transitional child care assistance for 12 months after leaving welfare (called **Transitional Child Care or TCC**).

In 1990

In response to widespread public recognition that additional child care assistance was essential to help low-income working families become and remain independent, Congress created (and President Bush supported) two new programs—the **Child Care and Development Block Grant (CCDBG)** and the **At-Risk Child Care Program**. These programs provided child care assistance to low-income working families. The CCDBG also recognized, for the first time, the importance of a public role in improving the quality and supply of child care by including funds specifically dedicated to this purpose.

In 1993

In 1993, Congress passed and President Clinton signed the **Family and Medical Leave Act** (FMLA). The FMLA requires employers to allow employees to take up to 12 weeks of unpaid leave each year to care for a newborn or newly adopted child, or for family members with serious health conditions, or to recover from health problems. This law applies to private employers who have more than 50 employees, the federal government, and state and local governments.[1]

In 1996

In the summer of 1996, Congress passed and President Clinton signed the **Personal Responsibility and Work Opportunity Reconciliation Act of 1996**. This measure, also referred to as the Welfare Act, had a number of provisions. In addition to eliminating the nation's guarantee of cash assistance to low-income families (by eliminating the national welfare program Aid to Families with Dependent Children, or AFDC) and replacing it with a new limited program called Temporary Assistance for Needy Families (TANF), the Act also made major changes to federal child care programs. It eliminated several of the existing federal child care assistance programs (specifically JOBS child care, Transitional Child Care, and the At-Risk Grants to States), and wrapped them into the existing Child Care and Development Block Grant—creating a new program that is also called the **Child Care and Development Block Grant** or Child Care and Development Fund (described below). The Act also eliminated the entitlement of child care assistance for mothers receiving welfare and for those making the transition off welfare, and cut back funding for the **Child and Adult Care Food Program**.

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Major Federal Child Care, Early Education, and School-Age Programs as of 1999

Child Care and Development Block Grant (CCDBG)

Passed in 1996, the new CCDBG replaced the four existing federal child care programs (JOBS child care, Transitional Child Care, At-Risk Child Care, and the old Child Care and Development Block Grant). The new CCDBG provides money to the states to fund child care assistance for low-income working families or families enrolled in training or education programs. States can use these funds to help families who need child care in order to work and to help families get off and stay off welfare. They can also use these funds to provide child care assistance to families needing child care as a protective service for children at risk of abuse or neglect. In an average month in 1998, states were providing child care assistance to approximately 1.5 million children.

While the vast majority of CCDBG funds are likely to be used to provide assistance to low-income parents, the CCDBG requires that states spend at least 4 percent of total funds to improve quality and expand supply. In FY 1999, an additional $173 million was made available for quality-building activities. In addition, during the same fiscal year, $50 million was set aside to improve the quality of infant care and $19 million was set aside for school-age child care and child care resource and referral (CCR&R) activities. Under the CCDBG, states are required to establish minimal health and safety standards for providers (except certain relatives) receiving these federal funds. These standards can help ensure that children receiving public funds are not placed in unsafe child care settings.

Some CCDBG funds (discretionary funds) are available to states without having to be matched, while others require state matching funds. [State-by-state allocations are shown in Table 7, in the final part of the report.]

Federal funds:*

FY 2000—$3.55 billion
FY 1999—$3.35 billion
FY 1998—$3.07 billion
FY 1997—$2.87 billion

*States may also transfer up to 30 percent of TANF Block Grant funds to the CCDBG or use TANF funds for child care without transferring them to the CCDBG.

Head Start

The federal Head Start program began in 1965 as a comprehensive child development program to support children and families. Since that time, it has provided almost 18 million children and their families with a comprehensive package of education, health care, social services, nutrition, parent involvement, and services for children with special needs. The program is targeted to children whose families are below the poverty line ($13,880 a year for a family of three in 1999) and who are not yet enrolled in school. The majority of children served are four—in FY 1998, 59 percent were four years old and 31 percent were age three. The federal government funds local grantees (about 1,500 in 1998) directly to serve children and families. In FY 1999, the program served approximately 835,000 children.

In 1994, Early Head Start was authorized. Each year, a percent of Head Start funds are reserved to support programs for pregnant women and families with infants and toddlers (birth to age three). As with Head Start, Early Head Start takes a comprehensive approach to supporting children and families. Activities funded by Early Head Start include quality early education in and out of the home; home visits, especially for families with newborns and other infants; parent education, including parent-child activities; comprehensive health care, including services to women before, during and after pregnancy; nutrition; and ongoing support for parents through case management and peer support groups. In FY 1999, Early Head Start served approximately 35,000 children and their families.

Federal funds (local programs required to contribute 20 percent in in-kind donations):

FY 2000—$5.27 billion
FY 1999—$4.66 billion
FY 1998—$4.35 billion
FY 1997—$3.98 billion
FY 1996—$3.57 billion
FY 1995—$3.53 billion

Social Services Block Grant (SSBG, previously known as Title XX)

The SSBG provides funds to states for a wide variety of social services. In 1994, the majority of states allocated at least *some* of these funds to child care assistance, although some use all of the money for other important purposes, such as prevention of child abuse and neglect. Some experts estimate that about one-sixth of the funds are spent on child care nationally.[2] The SSBG has been cut from $2.8 billion to $1.77 billion since 1996.

Federal funds (no state match):

FY 2000—$1.77 billion
FY 1999—$1.9 billion
FY 1998—$2.3 billion
FY 1997—$2.5 billion
FY 1996—$2.4 billion
FY 1995—$2.8 billion

21st Century Community Learning Centers

In FY 2000, $450 million is available for local school districts to offer after-school care through the 21st Century Community Learning Centers (CLC) program. Schools have the option of subcontracting with community-based organizations. The 21st Century CLC program enables schools to stay open longer, providing a safe place for students to complete their homework, receive intensive mentoring in basic skills, obtain drug and violence prevention counseling, prepare for college prep courses offered in high school, and take enrichment courses in the core academic subjects, as well as to participate in recreational activities, chorus, band and the arts, technology education programs, and services for children and youth with disabilities. As of 1999, about 1,600 rural and inner-city public schools in 471 communities—in collaboration with other public and non-profit agencies, organizations, local businesses, postsecondary institutions, scientific/cultural and other community entities—were participating in the program.

In addition, various other federal programs in the Department of Education, Department of Health and Human Services, Department of Housing and Urban Development, and Department of Justice as well as the Child Care and Development Block Grant provide some funds for after-school programs.

Apprenticeships for Child Care Workers

The Department of Labor's Bureau of Apprenticeship and Training, in collaboration with other public and private sources, sponsors training opportunities for child care providers in child care centers, Head Start, preschool, school-age care, and the public schools. Program participants receive a nationally recognized training certificate after completing a sustained, cohesive training curriculum. In 1999, a total of $4 million was awarded to 11 grantees. The grantees were located in Colorado, the District of Columbia, Indiana, Iowa, Kansas, Nevada, New Hampshire, New York, Vermont, Washington, and Wisconsin.

Campus Based Child Care

The 1998 Higher Education Act authorized $60 million to support campus-based child care programs and Congress made $5 million available to begin the program in FY 1999. Colleges and universities can receive four-year grants to establish new programs and improve existing programs. All programs must include coordination between the child care facility and a college's early childhood educational curriculum. Federal funds for campus-based child care must be targeted to low-income students. Priority is given to institutions that enroll a large number of low-income students and plan to use a sliding fee scale for parents. In addition to serving campus child care needs, child care programs can also serve children from nearby communities. Eighty-seven colleges and universities received grants under the program in 1999.

Child and Adult Care Food Program (CACFP)

The CACFP is an entitlement program offering nutritious meals and/or snacks for children up to age 19 enrolled in child care centers, family child care homes, before- and after-school programs, and Head Start centers. In FY 1999, more than 2.6 million children were fed through the CACFP. By providing free or reduced-price food through child care and after-school programs, the CACFP ensures that children and youth are well-fed, able to concentrate, and ready to succeed in school. The CACFP also provides nutrition training and support to child care providers and is a critical link in improving the quality of child care settings. The CACFP plays a particularly strong role for family child care homes by providing a major incentive for providers to become licensed or regulated.

Federal funds (no state match):

FY 1999—$1.6 billion
FY 1998—$1.5 billion
FY 1997—$1.5 billion
FY 1996—$1.5 billion
FY 1995—$1.43 billion

Dependent Care Tax Credit (DCTC)

Families may claim an income tax credit for a portion of their child care expenses. The credit is on a sliding scale and lower-income families receive slightly larger credits. Taxpayers may claim a credit for up to $2,400 in dependent care expenses for one child, or $4,800 for two or more children. However, the federal Dependent Care Tax Credit is not refundable, so very low-income families owing little or no federal income tax do not receive any benefit. Nationally, only 13 percent of

the credit in 1994 went to families with an adjusted gross income of less than $20,000 a year, 46 percent went to families with annual incomes between $20,000 and $50,000, and 41 percent to families with annual incomes above $50,000.[3] A 1990 study found that only 22 percent of employed mothers in families earning less than $15,000 used the Dependent Care Tax Credit, compared with 37 percent of employed mothers in families earning more than $50,000 annually.[4]

Federal funds claimed:[5]

FY 1997—$2.3 billion
FY 1996—$2.5 billion
FY 1995—$2.24 billion

Individuals with Disabilities Education Act (IDEA)

The IDEA supports two early childhood programs:

Preschool Grants: The Preschool Grants Program, authorized under Section 619 of Part B of IDEA, was established in 1981 to provide grants to states to serve young children with disabilities, ages three through five years. All states and eligible jurisdictions and outlying areas have participated in the program since fiscal year 1992. In 1998, more than 570,000 children received special education and related services nationwide.

Federal funds:

FY 2000—$390 million
FY 1999—$374 million
FY 1998—$374 million
FY 1997—$360 million
FY 1996—$360 million
FY 1995—$360 million

Grants to Infants and Families (Early Intervention Program): The program was created in 1986 and supports states in providing comprehensive early intervention services for infants and toddlers (birth through their third birthday) with disabilities, children at risk of developmental delay, and their families. The program is operating in every state, serving approximately 200,000 children. Early intervention services are designed to meet the developmental needs of children in the areas of physical, cognitive, communication, social/emotional, and adaptive development. Services must be provided in "natural environments," typically defined as the child's home or child care setting if parents work outside the home.

Federal funds:

FY 2000—$375 million
FY 1999—$370 million
FY 1998—$350 million
FY 1997—$316 million
FY 1996—$316 million
FY 1995—$316 million

Title I

Title I of the Elementary and Secondary Education Act provides federal funds to high-poverty school districts for programs that help children succeed in school. Districts may choose to use these funds to support prekindergarten programs. In 1996-97, there were a total of over 260,000 children being served by Title I prekindergarten programs.[6]

State Role

States' funding and policy decisions greatly affect families' access to affordable, quality child care and early education. The extent to which they invest in efforts to support child care, early education, and after-school programs differs greatly among states. States:

- Invest in child care assistance for low-income families.
- Fund prekindergarten programs.
- Determine how they will spend funds provided through the major federal child care program.
- Provide tax credits to help families afford child care.
- Support efforts to improve the quality and expand the supply of care.
- Establish licensing regulations, which offer basic health and safety protections for child care programs.
- Support after-school initiatives.

Investing in child care assistance

Prior to the late 1980s, states varied enormously in the extent to which they invested state or federal funds in child care, or even had significant programs in this area. While some states invested state funds in child care, and/or chose to use federal

Social Services Block Grant funds for child care assistance, many states spent relatively small amounts. As of 1990, for example, there were four states that essentially had no child care assistance program for low-income working families, and there were tremendous discrepancies among the remaining states in their investments in child care and early education.[7]

State and federal investments in child care increased in 1988 and 1990 with the enactment of the Family Support Act (which created the JOBS child care program and Transitional Child Care program), the Child Care and Development Block Grant, and the At-Risk Child Care program. Yet state investments continue to differ significantly among states, as they vary in the extent to which they invest their own funds over and above any federal matching requirements.

Investing in other early education programs

A number of states also have chosen to invest in prekindergarten initiatives, either by supplementing the federal Head Start program with state funds to expand the program, or by setting up a new state initiative. In 1998-99, a CDF study found that 42 states invested a total of $1.7 billion in prekindergarten programs—two-and-one-half times the amount in 1991-92—and served approximately 725,000 children.[8] Sixteen of these 42 states have two initiatives.

Administering federal-state child care programs and setting key policies

States play a primary role in determining policies for all federal and state child care subsidy programs. Although the federal government does provide some guidelines, states have the responsibility to determine policies such as:

- **Eligibility criteria**—establishing income guidelines, and defining the activities in which parents must be engaged to qualify for assistance (such as being on cash assistance, working, going to school, receiving job training, or job hunting).
- **Sliding fee scales**—determining the amount parents must contribute towards the full child care fee charged by child care providers. States usually vary the parent copayment level by the parent's income level. The level of parent copayments affects the extent to which states are helping make child care affordable, and the extent to which parents are able to choose good child care programs for their children.
- **Reimbursement rates**—determining the maximum fee that the *state* will agree to pay or reimburse child care providers. Rates have a major impact on the type and quality of care families can access, and whether providers in their communities will be willing or financially able to serve children receiving child care assistance. Low rates can seriously limit parental choice.

- **Basic health and safety protections for publicly funded care**—As many states exempt large numbers of providers from being licensed or regulated, states must determine the basic health and safety provisions for providers who are exempt from state licensing requirements but receive *public funds.* States are not required to set such protections for children cared for by certain relatives.

Making tax credits available to help parents afford child care

Dependent care tax credits put more money in the hands of families to help them purchase better care and to support their participation in the workforce. To this end, states should have a refundable child care tax credit in place. A refundable tax credit is important, as many low-income families may not have any state income tax liability.[9] While 24 of the 42 states with an income tax have a child care tax credit, only seven truly meet the needs of low-income working families by making the credit refundable.

Supporting efforts to improve quality and access to child care

States determine whether and how to allocate funds to improve the quality and supply of care. States may work to enhance quality by funding provider training, salary increases and supplements, career development initiatives, child care resource and referral agencies (CCR&Rs), and equipment and supplies. Strategies for increasing the supply used by some states include funding start-up costs for programs in underserved areas or for underserved populations and providing low-interest or subsidized loans.

Examples of state efforts to improve quality

Several states are making efforts to improve quality through initiatives to increase provider training and compensation. For example:

- As of 1999, 13 states had adopted (or had concrete plans to adopt) comprehensive provider training and compensation initiatives, such as North Carolina's T.E.A.C.H. Early Childhood® Project.[10] T.E.A.C.H. is an umbrella for various scholarship programs that encourage providers to receive additional training and education and to work towards a child care credential. Child care providers who agree to complete a specified amount of education receive a scholarship that covers a large share of tuition, book and travel costs, and paid release time in some cases. Caregivers then receive additional compensation in the form of a raise or a bonus and commit to continue working in their child care program for a specific period of time. This program has successfully increased the pool of trained providers and encouraged more teachers to stay in the child care field.

- North Carolina has also begun to implement an additional effort to improve provider compensation through its new WAGE$™ program. The program provides direct salary supplements to teachers, directors, and family child care providers who have already attained higher education credentials and who stay in their child care program. Using state Smart Start funds in combination with federal and private resources, the state expects that, in the first year, 5,000 teachers will participate in the program.
- A few states have focused on providing benefits for caregivers. Through its Starting RIght initiative, Rhode Island makes the state's medical and dental insurance plan for low-income families (RIte Care) available to family child care providers and employees of licensed child care centers who care for children receiving child care assistance. (To be eligible for the benefits, family child care providers must provide the equivalent of full-time care for at least one child receiving assistance, and centers must have at least 50 percent of their licensed slots filled by children receiving assistance.) North Carolina also makes health insurance benefits available to staff in certain child care centers and family child care providers.

Examples of state efforts to increase supply

Several states are providing loans and grants to help ensure an adequate supply of safe facilities. These efforts are often targeted to low-income communities where programs are in short supply and to providers offering care that is particularly hard to find, such as infant care and care for children with special needs. For example:

- In Connecticut, non-profit prekindergarten programs are eligible for low-interest loans that only require that they repay between 15 and 25 percent of the loan. The state pays the balance of the loan principal and interest. The first $10 million bond pool sold in October 1998 and has paid for the construction and renovation of six child care facilities serving 1,050 children.[11]
- Massachusetts provides grants to municipalities to support prekindergarten programs. Each local community has the option of applying a portion of its grant to invest in the physical capacity of its prekindergarten infrastructure.[12]
- Ohio has set up a Day Care Grant and Loan Program to help child care providers access capital. This revolving loan fund makes loans of up to $25,000 to start or expand family child care homes or centers.[13]
- Maryland has created a Family Day Care Provider Direct Grant Fund to reimburse providers up to $500 for funds expended to meet state or local regulations.

The grant is contingent on the provider agreeing to offer care for at least one year for categories of children for whom appropriate programs are in short supply, such as infants, children with special needs, school-age children or children receiving subsidies. Maryland also has a loan fund providing $1,000 to $5,000 to help child care centers meet licensing requirements.[14]

Setting and enforcing child care licensing standards to protect children

All states license at least some child care providers to ensure the basic health and safety of children in child care settings. However, there is wide variation in what providers they exempt from licensing and monitoring requirements, the requirements they set for regulated programs, and the extent to which they enforce their requirements. For example:

- Many states exempt smaller family child care providers from any regulation, and some states exempt family child care providers serving as many as six, eight, or twelve children. Some states exempt child care programs run by religious organizations or schools, programs operating on a part-day basis, or drop-in programs such as those run in shopping malls or exercise clubs.
- States vary in the extent to which licensed programs have to meet even basic health and safety requirements—such as ensuring that children in child care have their immunizations, that child care providers have first-aid and CPR training, that providers wash their hands before and after diapering and preparing food, and that there be small numbers of children per provider and in a single group.
- States also differ in how often they visit programs to ensure that they comply with these requirements, with some states visiting programs quite infrequently, or—in the case of family child care providers—not at all.

Supporting after-school initiatives

Some states invest in programs to increase the availability of school-age options. For example:

- In Hawaii, the A+ program for after-school activities makes affordable, enriching experiences available for all children in kindergarten through sixth grade. The program is available to all families who need it on a sliding fee basis.
- Rhode Island allows families to receive help paying for before- and after-school care until their children are 16, giving parents of older school-age children access to constructive activities for their adolescents. Since states may only use Child Care and Development Block Grant funds to provide assistance to families with

children under age 13 (or children up to age 19 who have special needs), Rhode Island must use its own separate state funds to extend assistance to families with older school-age children.

Local Government Role

Local governments set some basic policies affecting the supply of child care, early education, and after-school programs and the safety of their settings. Some local governments also take a more active role in expanding the availability and accessibility of quality programs. Local governments:

- Set basic policies that affect the supply of child care, such as zoning requirements and fire and building codes—the most common role for local governments.
- May invest in child care subsidies for low-income families.
- May leverage funds from foundations or community groups to help families obtain care.
- May support public-private partnerships and the involvement of the private sector.
- May fund quality enhancement activities such as training or grants and loans.

Examples of local government initiatives to support quality programs

Some communities have demonstrated a particularly strong commitment to providing quality child care, early education, and after-school activities for children and families. For example:

- Los Angeles has made a major commitment to after-school care through its LA's BEST (Better Educated Students for Tomorrow) program. Each day, this program serves 5,800 students at 28 elementary schools in low-income communities that have high levels of gang activity and crime. By the year 2000, the program will operate in 62 schools serving almost 10,000 children a day. The program provides a diverse array of services at no cost from the time school lets out until 6:00 p.m., as well as offering 18 different city-wide weekend activities. It relies on resources from city government, the school district, and the private sector. Independent evaluations have found that participating children enjoy school more and that their grades have gone up, while grades for comparable children who are not in the program have worsened over time.[15]
- To assure both the availability and quality of child care for its 200,000 residents, Madison, Wisconsin:[16]
  - *Established a Day Care Advisory Board.* A Day Care Advisory Board meets monthly to work with city staff to consider ways to improve city child care ordinances and services and to approve grant applications. Members

include representatives from the board of education, local government, after-school care, child care centers, and others. The group is now working with Dane County, which hopes to adopt its own child care standards.

- *Accredits child care and after-school programs.* To improve the quality of child care and after-school programs, Madison has established its own accreditation standards and provides support to help programs attain the standards. Standards for city accreditation exceed state standards in staff-training time, ratio of caregivers to children, programming, and several other areas. In 1998, 88 separate programs and 28 youth programs were reviewed for quality and offered assistance to meet City standards.
- *Provides grants to help programs improve their quality.* In 1998, the city provided 39 small grants to centers to help them meet City accreditation standards through training, equipment purchases, and environmental improvements.
- *Pays stipends for child care.* City-accredited child care programs are eligible to receive aid to pay for the care of children from families in need. In 1998, City child care assistance was available for 142 low-income children. The waiting list for assistance was 262 families, and it continues to grow.
- *Addresses varying needs of children and families.* Madison's efforts support a wide variety of programs meeting children and families' diverse needs. Programs receiving city resources and assistance include after-school programs as well as Wee Start, a program run by Head Start, providing child care for teenage mothers still in school.

Private Sector Role

Some employers have invested in helping their employees with child care, recognizing that access to child care improves workers' productivity. However, as of 1997 only a minority of employees had access to information and referrals for child care (20 percent), child care assistance (13 percent), or child care services (11 percent) through their jobs.[17] Studies show that low-income families are much less likely to have such benefits than upper-income families.[18] To support families' efforts to balance their responsibilities to work and family, employers can:

- Help to start or operate on-site or nearby child care centers for employees.
- Ensure that employees have access to resource and referral services to help them find child care that meets their needs.
- Provide vouchers or subsidies to help families pay for child care.
- Offer Dependent Care Assistance Plans (DCAP), which allow employees to pay for child care expenses out of pre-tax earnings.

- Allow flextime arrangements for parents, which facilitate child rearing.
- Provide paid family leave.
- Hold seminars and workshops on child care and child care support services.
- Provide emergency care for ill children.
- Invest in child care support services such as training or family child care recruitment campaigns.
- Play a leadership role in raising public awareness about the importance of child care, early education, and after-school programs and the need for increased investments.

Examples of employers who have taken the lead in supporting child care and early education

Some employers play a broad role in supporting child care and early education in their states or communities. For example:

- In New Hampshire, Providian National Bank (a subsidiary of the San Francisco-based Providian Financial) has shown leadership in child care on a number of fronts. Providian currently invests $5 million in a range of child care activities. This includes $1.8 million to provide loans for start-up, expansion, and renovation of non-profit child care facilities, and $250,000 for the PlusTime New Hampshire program, which offers technical assistance support to local after-school programs. The bank has also hired an economist to examine the impact of child care on New Hampshire's economy and has conducted a survey to evaluate business and parental child care issues and interests. In addition, the bank offers a $1,000 benefit per year to its own full-time employees for dependent care, which includes child care.
- Employers in Florida have also helped to support child care and early education, motivated in part by the recognition among employers who hire low-wage workers that their employees may need public child care assistance to be able to work. In 1997, the state set up the Partnership Program, which now provides $10 million in state funds for child care subsidies for low-wage workers to match an equal amount of funds invested by employers whose employees rely heavily on these subsidies. The private sector has continued to expand its involvement in child care, initiating the "Hour a Week for Kids Project," which commits 40 of the state's most prominent business lobbyists to spend one hour a week talking to state legislators about child care issues. As part of this project, business leaders helped pass legislation providing additional funding to increase the availability of child care assistance and improve the quality of care.

Role of Community Organizations

Numerous types of community organizations—such as religious groups, schools, non-profits, and volunteer organizations—also play an important role in providing child care in their communities. For example:

- About one-third of child care centers are in religious institutions, which help operate the programs or provide space to other community-based organizations to run them.[19]
- Schools also are increasingly involved in child care for preschool and school-age children—either operating programs directly or allowing other organizations to operate programs at school sites.
- Volunteer organizations such as the United Way often provide funding for scholarships and other supports to community-based child care programs.

SOURCE NOTES

[1] For more information on the Family and Medical Leave Act, contact the National Partnership for Women and Families in Washington, DC, at (202) 986-2600 or visit their website at http://www.nationalpartnership.org.

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Good Child Care Policies Help Low-Income Working Families Afford Quality Care and Help Children Succeed

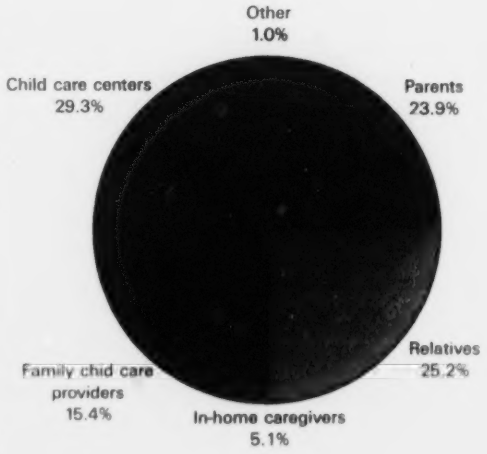
Child care is an integral part of American families' lives, as parents rely on child care to ensure the safety and well-being of their children while they work and to help their children succeed in school. Child care takes many different forms—it may be a child care center, a family child care home, in-home care, a relative caring for the children while parents work, or an after-school program in a school or at a neighborhood community organization. Regardless of the particular type of care a family prefers to use, strong child care policies play a critical role in helping low-income working parents to afford good quality care. Funding for child care assistance or subsidies is provided by federal, state and local governments. Child care policies are primarily set at the state level, with local communities playing an increasingly significant role in some states. Decisions about investment levels and policies determine whether families who need help paying for child care are able to get it and whether families are able to choose the good quality early learning and after-school experiences they want for their children that enable them to succeed in school.

Child care and early education are a necessity for the majority of American families. Millions of children of all income levels are cared for by someone other than their parents every day.

- Each day, an estimated 13 million children under six—including children with mothers who work outside the home and those who do not—spend some or all of their day being cared for by someone other than their parents.[1] Many of these children enter non-parental care by 11 weeks of age, are in care for 30 hours a week or more, and often stay in some form of child care until they enter school.[2] Millions more school-age children are in after-school and summer activities, and nearly 5 million children are left home alone after school while their parents work.[3]
- In 1995, nearly three out of four preschool children (ages three to five)—including both those with working mothers and those who were not working—were in some form of non-parental care.[4]

- In 1995, nearly 60 percent of all children under age six, regardless of their mother's work status, were in some form of non-parental care, including:[5]
  - 45 percent of children less than the age of one;
  - 50 percent of children age one;
  - 54 percent of children age two;
  - 68 percent of children age three;
  - 78 percent of children age four; and
  - 84 percent of children age five.
- Many families in which the mother is *not working* use child care or early education for their children. In 1995, 32 percent of children younger than six (and not yet in kindergarten) whose mothers were not in the labor force were in some kind of child care or early education arrangement.[6] According to 1998 school enrollment data, nearly one-half of children between three and five (and not yet in kindergarten) whose mothers were not in the labor force were enrolled in prekindergarten.[7]
- Many children are in care for several hours or more each working day. In 1990, children younger than five whose mothers were employed were in child care centers and family child care homes between 35 and 40 hours per week, on average, while their mothers were working.[8]
- In 1998, 65 percent of mothers with children under age six, and 78 percent of mothers with children ages six to 13 were in the labor force. Approximately 61 percent of mothers with infants (under age one) were in the labor force.[9]
- In 1994, 10.3 million children younger than five had working mothers. Nearly half of these children (45 percent) were cared for in child care centers—which include nursery schools, Head Start, and prekindergarten programs—or family child care homes:[10]

Child Care Arrangements for Children Younger than Five with Working Mothers, 1994



Definitions of Child Care Settings:

Child care centers – care provided in non-residential facilities, usually for 13 or more children.

Family child care providers – care provided in a private residence other than the child's home.

In-home caregivers – care provided within the child's home, by a person other than a parent or relative.

Relative care – care provided by a related person other than the parent, either in the child's or the relative's home.

Quality child care helps shape children's futures and is critical to school readiness.

- The research is clear that the quality of child care has a lasting impact on children's well-being and ability to learn.[11] Children in poor quality child care have been found to be delayed in language and reading skills, and display more aggression toward other children and adults.[12]
- A major study found that children in high quality child care demonstrated greater mathematical ability, greater thinking and attention skills, and fewer behavioral problems. These differences held true for children from a range of family backgrounds, with particularly significant effects for children at risk.[13]

Child care enables parents to work and support their families, while ensuring that their children are in safe, nurturing environments.

- In 1998, only 23 percent of all families with children younger than six—and only one-third of *married couple* families with young children—had one parent working and one parent who stayed at home.[14] The majority (55 percent) of working women in the U.S. bring home *half or more* of their family's earnings.[15]

- Child care assistance helps low-income families work. The U.S. General Accounting Office (GAO) found that increasing the availability of child care subsidies would increase poor mothers' work participation rates from 29 percent to 44 percent, and near-poor mothers' rates from 43 percent to 57 percent.[16]
- A study on Milwaukee's New Hope program, which provided low-income families with a comprehensive package of supports, including earnings supplements as well as affordable health insurance and child care assistance, found that children who participated in the program had improved academic performance, increased levels of social competence, and fewer behavior problems.[17]
- Case studies of low-income families waiting for child care assistance in four communities, Hennepin[18] and Ramsey[19] Counties in Minnesota, Santa Clara County in California,[20] and Philadelphia,[21] and one state, North Carolina,[22] illustrate the multiple problems that low-income children and families face when they cannot get help paying for their child care. These families find it more difficult to work, have to place their children in less safe situations, and confront financial difficulties.

Yet families struggle to find and afford quality child care and school-age programs.

- Full-day child care easily costs $4,000 to $10,000 per year—at least as much as college tuition at a public university.[23] Yet, one out of three families with young children earns less than $25,000 a year[24] and a family with both parents working full time at the minimum wage earns only $21,400 a year.
- Families pay the bulk of child care costs (60 percent), with government (federal, state and local) paying 39 percent, and the private sector (business and philanthropy) contributing less than one percent. In contrast, families pay only about 23 percent of the cost of a public college education, with government and the private sector paying the rest.[25]
- Even though some child care assistance is available for low-income families, funds are severely limited. Currently, no state serves all families eligible under federal guidelines. Nationally, only 1 in 10 eligible children who need help are getting any assistance.[26]
- Good care is hard to find. Recent studies have found that much of the child care in the U.S. is poor to mediocre. One four-state study found fully 40 percent of the rooms serving infants in child care centers to be of such poor quality as to jeopardize children's health, safety, or development.[27]
- Good after-school options for children and teens are unavailable in many communities. Nearly 5 million children are home alone after school each week, during

the afternoon hours when juvenile crime peaks.[28] A 1990 study found that eighth-graders left home alone after school reported greater use of cigarettes, alcohol, and marijuana than those who were in adult-supervised settings.[29] However, only one-third of schools in low-income neighborhoods offered before- and after-school programs in 1993.[30]

Child care assistance can help families afford quality care. The major source of funding for child care assistance is the federal Child Care and Development Block Grant (CCDBG). States, which are required to provide matching funds, can use these resources to help low-income families gain access to quality, affordable child care and after-school programs.

- The CCDBG provides funding to states to help parents pay for the care of their choice, whether in a family child care home, with a relative or a friend, or in a child care center.
- Much of federal child care funding was consolidated under the CCDBG as part of the 1996 Welfare Act, or the Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193), giving states the ability to create a single consolidated child care program for families. States have tremendous flexibility to design policies and determine eligibility guidelines, service priorities, provider reimbursement rates, and family copayment amounts, in conformance with broad guidelines specified by federal rules and regulations.
- The funding structure of the CCDBG includes two components: a mandatory/capped entitlement portion and a discretionary portion:
  - *Mandatory/capped entitlement portion:* The mandatory/capped entitlement portion itself includes two parts—mandatory funds and matching funds.

    Mandatory funding is the base funding amount that is automatically available to states each year. The amount each state receives is determined by the total amount it had been receiving through the three separate federal child care programs (AFDC child care, Transitional Child Care, and the At-Risk Program) prior to their consolidation into the CCDBG.

    Matching funds are funds above the base funding amount that are allocated according to the number of children under age 13 in each state. States can only access the federal matching funds if they continue to spend the amount they spent on child care in FY 1994 or FY 1995, whichever is greater (also called maintenance of effort) *and* if they put up the necessary state matching funds.

- *Discretionary portion:* The discretionary portion of the CCDBG must be appropriated annually by Congress. It has no requirement for state matching funds.

- In addition to the funds available for child care under CCDBG, states are allowed to use funds from the Temporary Assistance for Needy Families (TANF) block grant—the welfare program—to help pay for child care assistance. States may transfer up to 30 percent of TANF funds to CCDBG or may use TANF funds for child care within the TANF block grant.
- In FY 1998, states spent $3.5 billion in federal mandatory and discretionary funds (including dollars transferred from TANF) and $1.6 billion of their own funds on child care assistance through the CCDBG. With these funds, states served approximately 1.5 million children per month.[31]
- While states have a great deal of flexibility in determining their child care assistance policies, the federal government has established some parameters:
  - States must spend a minimum a 4 percent of their total child care funds on improving quality, expanding supply, and providing consumer education.
  - States must require all providers (except certain relatives) who receive CCDBG funds to meet minimum health and safety standards.
  - States must set reimbursement rates for child care that ensure that eligible children have access to child care services equal to the access available to children who are not receiving subsidies and conduct a market rate survey every two years.

Child care subsidy policies should be designed to ensure that all families who need it have access to assistance.

- ***An investment of sufficient funds*** is necessary for making help available to all families who need it. States should:
  - Meet the federal "maintenance of effort" spending requirement—which is set at the state's spending level for child care in FY 1994 or FY 1995, whichever is greater—so that they are able to qualify for federal matching child care funds.
  - Provide matching funds necessary to secure their full share of federal matching child care funds, and allocate state funds above these matching fund requirements.
  - Maintain their state child care investments.
  - Take advantage of unspent federal funds that can be reallocated to other states.

- Transfer the maximum allowable amount of Temporary Assistance to Needy Families (TANF) block grant funds to the Child Care and Development Block Grant (CCDBG) and use additional TANF funds for child care.
- Seek private sector support and funds for child care.
- Coordinate child care programs with Head Start and state prekindergarten initiatives to provide full-day programs that meet the needs of working families and to maximize funds.

- ***Eligibility policies*** should be set so that families who need it can qualify for assistance. States should be encouraged to:
  - Ensure that both welfare *and* working poor families who are not on welfare are eligible for, and receive, help.
  - Consider establishing a guarantee of child care assistance for all low-income working families.
  - Provide child care assistance to all children and families who may need child care assistance, including school-age children, children in protective services or foster care, parents participating in education or training, teen parents and their children, and legal immigrants.
- ***The process of applying for assistance*** should ensure the parents have easy access to the help that they need. States should:
  - Design the simplest system possible that allows families to move from welfare to job search to job training to work without having to reapply for child care assistance.
  - Simplify the application form for eligibility for child care as well as other benefits and make sure it is available in the languages of the community.
  - Make application forms available throughout the community and allow families to mail in their applications.
  - Ensure that staff are adequately trained to help families understand the application process and their child care options, and that staff or interpreters are available to communicate in languages used by families in the community.
  - Consider using resource and referral agencies or other community organizations to administer child care assistance programs.
  - Allow families to continue receiving assistance for a full year before requiring recertification, and to be recertified through a mail-in application.

- Provide families with a grace period after the deadline for recertification so that they can continue receiving assistance even if there are delays in the reapplication process.

Child care subsidy policies should be designed to ensure that parents receiving child care assistance are able to choose good quality care for their children.

- ***Parent copayment policies*** should enable parents receiving child care assistance to afford and choose good care. Most states use a sliding fee scale system that requires parents to make some copayment toward the cost of their child care. This sliding fee scale should be designed to ensure that child care remains affordable for all families. In particular, states should:
  - Keep copayments low for very poor families. High copayments for low-income families makes child care unaffordable. Low-income families should not be expected to pay a higher percentage of their income than the national average—7 percent[32]—and families at or below poverty should not be required to pay any fee.
  - Avoid basing copayments on the cost of care, which pressures parents to use the cheapest care possible as they struggle with other financial responsibilities.
  - Prohibit providers from charging additional fees above the parent copayment. This undercuts the basic concept of charging parents what they can afford, and makes it more difficult for parents to purchase the care of their choice.
  - Avoid policies that make fees significantly higher for families with more than one child, and thereby make it difficult for them to afford child care.
  - Gradually phase in any fee increases, rather than changing them abruptly as a family's income rises.
- ***Reimbursement rates and policies*** should be designed to allow parents sufficient choices. Policies for reimbursing child care providers who receive public funds are essential, as they can determine whether parents really have a choice of child care options, how easily parents are able to obtain care, and how willing providers are to accept children receiving public funds. States are required to set rates that ensure that children who receive subsidies have access comparable to that of children who do not receive subsidies (referred to as the "equal access" provision). As part of this requirement, states must conduct a market rate survey every two years.

Without equal access to affordable, good quality child care, our poorest and most vulnerable children cannot take advantage of the supportive child care arrangements they need to enter school ready to succeed. In order to ensure that low-income children have access to good quality care, states should:

- Set their reimbursement rates based on at least the 75th percentile of the current market rate (which is the rate that allows families to have access to 75 percent of the providers in their community).
- Maintain separate rates for different types of care and for children of different ages. Again, parents receiving subsidies will not have equal access to child care if rates do not reflect the differing market rate costs related to age and types of care. States should also allow providers to receive higher rates for children with special needs.
- Set higher rates for child care programs that provide higher quality care, enriched services, or meet (for example) the accreditation standards of the National Association for the Education of Young Children. It is clear that many low-income children can benefit significantly from enriched child care, and rate structures should encourage such care.
- Pay higher rates for care that is hard to find, such as care during odd hours (weekends or nights) or infant care, to encourage more providers to offer such care.
- Pay higher rates to programs serving large numbers of low-income children, to ensure that the programs can have an economic base that allows them to remain viable.
- Pay for child care during days when children are absent so providers can afford to serve low-income children.
- Pay rates for part-time care that provide sufficient incentive for providers to accept children on a part-time basis. Providers often charge more for such care than simply pro-rating the time, and states should recognize this market reality.

- ***Policies concerning unregulated care*** should *not* steer parents into choosing this type of care for their children, and should protect children whose parents do choose it. States must determine how to best protect children receiving public funds who are being cared for in child care settings that are not subject to state licensing and regulatory standards (also known as "exempt care"). Depending on the state, "exempt care" may include certain types of center-based care, some family child care providers, child care by relatives, and in-home care providers. While states are required to establish some minimal health and safety protections for exempt providers (other than certain relatives) who receive public funds, these protections are for the most part quite limited.

States should *not* try to conserve funds by adopting policies that encourage families to use exempt care, even when they would prefer other options. Such policies include: paying child care subsidies directly to parents, neglecting to inform families about their full range of child care options, setting low reimbursement rates (which makes it more difficult for more formal caregivers to serve poor children), basing parent fees on the cost of care (which provides an incentive for families to choose cheaper care), failing to pay providers promptly, and expanding the definition of exempt providers. It is essential that parents not be pressured to use exempt child care options, because many parents do not wish to rely on exempt care. Some parents do prefer less formal care, especially for their younger children, but evidence suggests that parents generally tend to seek more formal child care options when their children reach the ages of three and four years in order to help them gain the preliteracy skills they need to start school ready to succeed. For this reason, it is critical that parents have a choice of child care options with which they are comfortable, and not be limited, for the most part, to informal arrangements.

At the same time, states should adopt strategies that protect and support children in informal child care arrangements, such as establishing health and safety standards for informal providers and offering intensive support to exempt child care providers.

- ***Improving the quality and expanding the supply of child care*** should be integral components of a state's child care policies. All states are required to spend a minimum of 4 percent of their total CCDBG funds on quality and supply-building activities, although states can spend *more* than 4 percent. In FY 1999, an additional $173 million was appropriated for quality and improvement activities, and $50 million for enhancing the quality and supply of infant care. With the growth in demand for child care generated by changes in the welfare law, it has become exceedingly important to target additional funds on expanding capacity or infrastructure to ensure that there is an adequate supply of safe, affordable, good quality child care. States should focus some supply-building funds on the specific child care needs that have increased, and will continue to increase, due to welfare work requirements. These needs include infant care, odd-hour care, and care for teen parents who must be enrolled in school or working toward their GED to receive TANF benefits.

  States can improve the quality and expand the supply of care by:

  - Improving and expanding training for both formal and informal caregivers.
  - Funding resource and referral programs that inform parents about good quality child care.

- Strengthening health and safety protections for regulated providers as well as those who are not subject to licensing laws.
- Monitoring programs to ensure children's safety.
- Improving caregiver salaries and benefits.
- Creating career development systems for child care providers.
- Providing grants and loans to increase the supply of child care.
- Providing grants for equipment and supplies.

In addition, there are a number of ways in which child care policies can build on Head Start, prekindergarten and other early childhood programs to enhance quality and supply. These include:

- Investing in full-day/full-year state-funded prekindergarten programs.
- Helping Head Start programs meet child care needs by offering them contracts to expand their hours and months of operation.
- Using Head Start's experience in working with low-income parents not only to help expand the supply of child care, but also to provide more structured employment possibilities for mothers leaving TANF who demonstrate a clear interest in working as child care providers.
- Funding Early Head Start for infant and toddlers and their families.

States can adopt several other policies to ensure that families have access to quality care and that they are able to balance their responsibilities to their work and their children.

- States can help working parents afford quality care by providing refundable tax credits.
- States can invest in school-age care programs, which offer older children increased opportunities to participate in constructive activities in safe, supportive environments during out-of-school time.
- State can incorporate paid family leave into their child care policies to give parents the option of staying home during the first critical months of a child's life.
- States can establish work exemptions for mothers receiving welfare who have children under age one.

Many states have policies that do not provide families with adequate access to affordable, quality care.

- States may use federal CCDBG funds to serve families with incomes of up to 85 percent of the State Median Income (SMI). They may also choose to use their own state dollars to serve families with higher incomes. However, the vast majority set their income cutoffs for all programs below 85 percent of SMI. As of June 1, 1999, only four states set upper income eligibility at the maximum levels allowed under federal law. In more than half of the states (26), families making $25,000 year—less than 185 percent of the federal poverty level—were not eligible for help.[33]
- Only 13 states were paying rates at the 75th percentile of a current market rate as of June 1, 1999.[34] As a result, many families lack access to quality child care options.
- High copayments can make it difficult or impossible for families to use subsidized care, or put families under extreme financial hardship even if they are receiving help. Yet, as of June 1, 1999, 19 states failed to set fees at or below 10 percent of family income.[35]
- While 24 of the 42 states with an income tax have a child care tax credit, only seven truly meet the needs of low-income working families by making the credit refundable.[36]

SOURCE NOTES

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[33] This information was accurate as of June 1, 1999, and is based on information gathered by CDF in a survey of state child care administrators. Since that time, states may have changed their eligibility levels.

[34] This information was accurate as of June 1, 1999, and is based on information gathered by CDF in a survey of state child care administrators. Since that time, states may have changed their reimbursement rates.

[35] This information was accurate as of June 1, 1999, and is based on information gathered by CDF in a survey of state child care administrators. Since that time, states may have changed their copayment levels.

[36] For additional information about federal and state dependent care tax credits, see J. Steinschneider, E. Hirschhorn Donahue, N. D. Campbell, V. L. Williams. (1998). *Making Care Less Taxing: Improving State Child Care and Dependent Care Tax Provisions.* Washington, DC: National Women's Law Center.

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HEAD START: HELPING CHILDREN LEARN AND SUPPORTING FAMILIES

Since 1965, Head Start has helped almost 18 million children build the confidence and skills they need to succeed in school and to become the leaders, taxpayers, and productive citizens of the future. Head Start is unique in its comprehensive approach to the needs of children and families—it offers early education, health care, social services, and nutrition services, has a strong focus on parent involvement and support, and builds upon the strengths of local communities. It can help children get ahead and improves their chances for success.

Head Start takes a comprehensive approach to helping children and families.

- Unlike many other early childhood programs, Head Start helps the whole child. Its four components—social services, health care, education, and parent involvement—are each essential to preparing low-income children to enter school ready to learn. Head Start also addresses family unmet needs (such as for housing, job training, health care, emotional support, and family counseling) that may stand in the way of a child's full and healthy development.
- Head Start is based on the common sense that:
  - Children who have a good preschool experience will be better prepared for school, and will be more likely to succeed.
  - Children who are provided breakfast, and enough to eat during the rest of the day, will be better able to concentrate in school and generally more likely to thrive.
  - Children who are immunized and receive regular check-ups and health care will be healthier, which means they will miss less school and have more energy and heightened attention when they are in class. When health problems—such as vision or hearing problems—are caught early, costly problems can be prevented. This can help improve children's performance throughout their school careers.
  - Low-income parents who are struggling to support their children against overwhelming odds can become stronger partners in their children's learning experiences and take steps toward self-sufficiency themselves if they receive help. As such, Head Start can play an important role in helping parents move from welfare to work.

Each year, Head Start is part of the lives of hundreds of thousands of young children and families living in poverty.

- In FY 1999, Head Start served over 835,000 children at a cost of $4.66 billion. Local programs are required to donate 20 percent in in-kind services.
- Head Start serves the poorest children and families, as the program is targeted to children whose families have incomes below the poverty line ($13,880 a year for a family of three in 1999) or receive public assistance.[1] In 1997-98, for example, 55 percent of Head Start families had incomes of less than $9,000 per year and 73 percent had yearly incomes of less than $12,000.[2] Up to 10 percent of the children served by a local program may have family incomes that are above the poverty line.
- Head Start aims to help children before they have entered school. It primarily serves children between the ages of three to five, with the majority of the children being age four—in FY 1998, for example, 59 percent were four years old and 31 percent were age three. In FY 1998, the program served approximately 35,000 infants and toddlers through the Early Head Start program, and 30,000 children through Migrant Head Start.
- Despite over 30 years of investment and a proven track record in helping children and families succeed, Head Start still only reaches about half of eligible preschool-age children.[3]

Head Start and good early childhood education programs have been shown to help children's development, and to be cost-effective investments.

- Preschool education programs can mean the difference between failing and passing, regular or special education, staying out of trouble or becoming involved in crime and delinquency, and dropping out or graduating from high school.[4]
- A national review of 36 studies on the long-term impact of early childhood education programs (including a number of Head Start programs)[5] found that low-income children who participated in such programs were:
  - Less likely to be held back in school,
  - Less likely to be placed in special education classes,
  - More likely to succeed in school,
  - More likely to graduate, and
  - More likely to be rated as behaving well in class and being better adjusted in school.

- Good quality early childhood programs for low-income children can save $7.00 for every $1.00 spent, by increasing the likelihood that children will be literate, employed, and enrolled in postsecondary education, and making them less likely to be school dropouts, dependent on welfare, or arrested for criminal activity or delinquency.[6]
- The first stage in a long-term study on Head Start found that the program helps children enter school ready to succeed.[7]
  - The typical child completing Head Start has the knowledge and skills in early literacy and numeracy as well as the skills that signify a readiness to learn more in kindergarten. Head Start children can listen and comprehend what they have heard, understand the meanings of basic words, recognize shapes and colors, answer simple factual questions about a story that is read to them, count several objects, and solve simple addition and subtraction problems.
  - In Head Start, children acquire a variety of social skills important for kindergarten, such as following the teacher's directions, using free time in acceptable ways, and helping put work materials away.
  - Head Start children perform higher on cognitive tests than children from other low-income families who have not attended center-based preschool programs, according to a comparison between the results of the study on Head Start and earlier research studies.
- A comprehensive review of the research on the impact of Head Start on children's development found a number of important outcomes as well.[8] Specifically, Head Start was found to:
  - Help children's physical health, motor coordination, and development. The largest gains in motor development are for children with physical disabilities and those with developmental delays.
  - Improve children's nutrition. Head Start children tend to have higher protein, calorie, and essential nutrient intake, and tend to be healthier.
  - Improve children's dental care. Children participating in Head Start receive better dental care, have fewer cavities, and practice better dental hygiene.
- A study of various child care and early childhood education settings, funded by the U.S. Department of Education, found that Head Start programs were more likely to meet national accreditation standards for good quality early childhood development programs and to have lower turnover rates than many other early childhood and child care settings. They were also more likely to provide comprehensive services and to involve parents in their children's learning. This quality is maintained by the

Head Start Performance Standards which serve as a guide to programs and help them to offer high quality services to disadvantaged children and their families.[9]

Head Start works closely with parents to support them in their parenting and help them get ahead.

- For many parents, Head Start offers the first chance to influence what happens to their children outside the home. Head Start helps parents learn about ways to help their children learn and succeed in school. Parents volunteer in the classroom and gain experience in working with children—in FY 1998, for example, over 800,000 parents volunteered in their local Head Start program.[10] They also make decisions about the operations of Head Start—every Head Start program has a policy council, at least half of whose members are Head Start parents.
- Head Start can play a strong role in efforts to help families move from welfare to work, as it can build upon its long experience of working with very low-income families, helping parents get into the workforce, interacting with parents as volunteers, and providing social services to children and families. Many parents go on to work in Head Start and to hold other careers in early childhood. In FY 1998, for example, almost one-third of the staff were parents of current or former Head Start children.[11]

Head Start is an integral part of thousands of communities across the country, and is built upon a base of community involvement and support.

- Head Start builds upon local community resources to meet the needs of children and families. Agencies work with local institutions to encourage them to respond to the needs of low-income children and families. Head Start forges partnerships with social services, health, education, and recreation agencies, as well as service clubs, colleges and universities, senior citizen volunteer groups, libraries, and others.
- Low-income communities can draw strength by helping themselves and running their own programs. In 1998, Head Start was run by about 1,500 local grantees, which operated approximately 48,000 classrooms. These programs employed over 167,000 staff, and relied upon 1.39 million volunteers.[12]

Head Start has a number of special components that help maintain program quality, support innovative practices, and reach out to children with particular needs.

- In FY 1998, 88 percent of the Head Start teachers had degrees in early childhood education or had obtained the Child Development Associate (CDA) credential or a state certificate to teach in a preschool classroom.[13] By 2003, half of teachers nationwide in center-based programs must have an associate, baccalaureate, or advanced degree in early childhood education or a related field.
- Head Start has funds dedicated to improving the quality of the program. For example, 2 percent of the total funds are dedicated to training, and 50 percent of any increase in funds in FY 2000 is dedicated to overall quality improvements, half of which is targeted to improving staff salaries.
- Head Start's Home Start project allows isolated families, particularly in rural areas, to receive Head Start's educational, health, and social services at home rather than at a center. Head Start programs report that, during 1997-98, 668 programs operated a home-based program. Home-based services were provided to 42,743 children by 4,840 home visitors.[14]
- Head Start helps to meet the needs of a diverse group of children and families through its multicultural and bilingual efforts. Over one-fourth of children in Head Start are from Hispanic families. Native-American and Asian children are also represented.[15] Among the recipients of the program are children whose primary language is not English as well as recent immigrants.
- Head Start is reaching out to serve families with infants and toddlers. The 1994 Head Start Reauthorization Act established a new Early Head Start program for low-income families with infants and toddlers. By FY 1999, there will be approximately 600 projects providing, either directly or through referral, early, continuous, intensive and comprehensive child development and family support services to low-income families with children under age three.[16] Early Head Start funding will increase through FY 2003 and additional grants will be made to allow more infants and toddlers and their families to participate in Head Start.
- Head Start Collaboration Grants are awarded to each state to foster collaborative efforts between Head Start and other programs serving children and families. These collaborative efforts have produced positive results, including cooperative arrangements between Head Start and child care to provide full-day care and education. In Ohio, more than 6,000 children are served through Head Start and child care partnerships, and in Maine, all Head Start grantees have child care partnerships.

- Head Start works with children who have special needs. Programs are required to allocate 10 percent of their spaces for children with special needs. In 1997-98, 13 percent of the Head Start enrollment consisted of children with special needs, such as developmental delays, health and orthopedic impairments, visual and hearing impairments, emotional disturbances, speech and language impairments, and learning disabilities.[17]

Characteristics of Children Served by Head Start in FY 1998

Age		Race/Ethnicity	
Five and above	6 percent	Black	35.8 percent
Four	59 percent	White	31.5 percent
Three	31 percent	Hispanic	26.4 percent
Under three	4 percent	American Indian	3.4 percent
		Asian	2.9 percent

SOURCE NOTES

[1] At least 90 percent of the children served must come from families with incomes below the poverty line or eligible for public assistance.

[2] Head Start Bureau, U.S. Department of Health and Human Services. (May 1998). *Head Start Statistical Fact Sheet.*

[3] Calculations by the Children's Defense Fund, using data from the Head Start Bureau, U.S. Department of Health and Human Services (1999) and from the report, U.S. Census Bureau. (September 1999*). Poverty in the United States: 1998* (Current Population Reports P60-207). Washington, DC: U.S. Government Printing Office.

[4] W. S. Barnett. (Winter 1995). "Long-term Effects of Early Childhood Programs on Cognitive and School Outcomes," *The Future of Children*, Vol. 5, No. 3. pp. 25-50.

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[6] L. J. Schweinhart and D. P. Weikart. (1992). *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27.* Ypsilanti, MI: High/Scope Educational Research Foundation.

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[9] E. Kisker, S. Hofferth, D. Phillips, and E. Farquhar. (1991). *Profile of Child Care Settings: Early Education and Care in 1990.* Princeton, NJ: Mathematica Policy Research.

[10] Head Start Bureau. (May 1998).

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[16] Head Start Bureau. (May 1998).

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PREKINDERGARTEN INITIATIVES: EFFORTS TO HELP CHILDREN ENTER SCHOOL READY TO SUCCEED

Throughout the last two decades there has been a growing interest in the development and education of young children—particularly low-income children—in the years just before they enter school. This interest has been fueled by the national focus on education reform, and on the National Education Goals which the nation's governors and then President Bush signed in 1989. The first of the national education goals stated that by the year 2000, every child should enter school ready to learn and that access to a high quality early childhood program was key to meeting this goal. Prekindergarten initiatives are supported through a variety of private and public sources at the federal, state, and local levels.

Children are participating in prekindergarten programs in ever increasing numbers. Yet, low-income children are still much less likely to have access than other children.

- Over half of children ages three to five not yet in kindergarten were enrolled in prekindergarten in 1998.[1]
- Enrollment in prekindergarten has nearly doubled in the past 15 years, equaling 4.6 million children in 1998.[2]
- Although prekindergarten enrollment has been growing among children of all backgrounds, low-income children continue to participate at lower rates than children from higher-income families. In 1998, only 42 percent of children who were between the ages of three and five but not yet in kindergarten, living in families earning less than $15,000, were enrolled in public or private prekindergarten, compared with 65 percent of children the same age whose parents earned $50,000 and above.[3]

Prekindergarten is supported by federal, state, and local resources.

- The federal Head Start program provides funds directly to local agencies to support prekindergarten for preschool-age children living in poverty. In 1999, federal funding for the program was $4.66 billion and over 835,000 children were served.

- Federal grants are provided under the Individuals with Disabilities Education Act (IDEA), Section 619 to support prekindergarten programs for children with disabilities and other special needs. In 1998, federal funding for the 619 Preschool Program was $374 million and approximately 572,000 children were served.
- Title I of the Elementary and Secondary Education Act provides federal funds to high-poverty school districts for programs that help children succeed in school. Districts may choose to use these funds to support prekindergarten programs. In 1996-97, there were a total of over 260,000 children being served by Title I prekindergarten programs.[4]
- Forty-two states invested in prekindergarten initiatives in 1998-99, spending a total of approximately $1.7 billion and serving nearly 725,000 children.[5]
- Local communities often fund prekindergarten initiatives as well, through tax levies, parent fees, foundations, and other sources. In a survey of states with prekindergarten initiatives, about half mentioned that they also had at least a few communities providing prekindergarten programs through their own local initiatives. For example, in Ohio, there are tuition-based prekindergarten programs within 35 school districts under local boards of education.[6]

States play an important role in supporting prekindergarten. However, additional steps are necessary to increase the availability, quality, and accessibility of prekindergarten programs.[7]

States are increasing the availability of prekindergarten, but many families and children still lack opportunities to participate.

- Since 1991-92,[8] state spending on prekindergarten initiatives has expanded by nearly $1 billion —from approximately $700 million to nearly $1.7 billion in 1998-99, or almost two-and-one-half times as much as at the beginning of the decade.[9] The number of children participating in state-funded prekindergarten programs has increased proportionally, from approximately 290,000 to nearly 725,000.[10]
- Three-quarters of state spending on prekindergarten is concentrated in just ten states (California, Florida, Georgia, Illinois, Massachusetts, Michigan, New Jersey, New York, Ohio, and Texas).
- State spending on prekindergarten initiatives is still not sufficient to ensure that high quality programs are available to all children. Georgia is the only state that invests sufficient funds to provide prekindergarten to all children whose families want them to participate.

- While most states limit eligibility for their initiatives to children in low-income families and children with other risk factors, they are still generally not able to serve all eligible children. For example, Tennessee's initiative serves only 2 percent of eligible children. Yet, some states are making efforts to provide prekindergarten to all low-income children. For example, in Ohio, the combination of the state and federal resources allows the state to provide a Head Start early childhood experience for nearly nine out of ten children in poverty.
- Although children benefit from having a stable early childhood experience that extends over a long time period, 18 state initiatives do not permit children to be eligible for more than a year. In contrast, both three- and four-year-olds are eligible for 31 state initiatives. Several states serve a broader age group—for example, children ages birth to five.

States are making efforts to ensure the quality of their prekindergarten programs, but further efforts are needed to strengthen quality standards.

- Most states have adopted quality standards that address at least some of the essential components necessary for ensuring a prekindergarten experience that contributes to children's healthy and safe development and prepares them to learn. However, many state prekindergarten standards do not address the full range of needs that children and families have, and that affect children's ability to grow and develop. Such needs included proper nutrition, adequate health care, and family supports. Yet, 11 state initiatives have only minimal quality requirements, often consisting primarily of child care licensing requirements and/or school codes—neither of which offer sufficient assurance that children will receive a high quality experience—with perhaps only a few additional requirements. States also vary in the degree to which they promote quality through technical assistance, targeted financial assistance, and monitoring efforts.
- While a few state prekindergarten initiatives have detailed guidelines requiring programs to provide comprehensive nutrition, health and social services, many states do not thoroughly address all of these supports. State-funded Head Start models as well as three separate initiatives have strong comprehensive services requirements that are the same or similar to the requirements of Head Start Performance Standards. Fourteen states do not establish any requirements or offer any encouragement for programs to provide comprehensive services.

Some states have adopted strategies to meet the needs of children with working parents. States have also made targeted efforts to increase access for families with other special circumstances. Yet, a number of states have not done enough to remove the barriers that can prevent families from participating.

- State prekindergarten initiatives are generally structured to provide part-day/part-year programs. This can present a problem for parents working full time, as it requires them to find a child care arrangement for the remainder of the workday and a way to transport their children to child care from the prekindergarten program. Some states are taking steps to address this by coordinating for full-day services with child care programs and other resources.
- Efforts are being made to increase access for all children, including those who do not speak English and those who have disabilities and other special needs. However, families continue to face barriers to their participation, such as lack of transportation to the programs.

State prekindergarten initiatives often involve an array of community partners in providing programs and in collaborative efforts to support children and families.

- The majority of states open their initiatives to participation by a broad range of providers, including child care programs and Head Start agencies. This approach allows communities to take advantage of existing resources and provides them with flexibility both in meeting their overall need for prekindergarten and in responding to the diverse needs of their children and families. However, a number of states are using a traditional approach that limits programs to the public schools.
- In many states, collaborative efforts at the state and local level are enabling state prekindergarten initiatives to be coordinated with the federal Head Start program and child care programs as well as with other programs designed to help children and families. These efforts allow states to make more efficient use of limited resources in making comprehensive, quality early childhood supports available to children and families. A number of states, including California, Connecticut, Massachusetts, and North Carolina, have initiatives that place a particularly strong emphasis on collaboration.

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[3] Martinez and Curry. (September 1999).

[4] Data from Compensatory Education Programs, Office of Elementary and Secondary Education, U.S. Department of Education, 1999.

[5] K. Schulman, H. Blank, and D. Ewen. (1999). *Seeds of Success: State Prekindergarten Initiatives 1998-99*. Washington, DC: Children's Defense Fund.

[6] Schulman, Blank, and Ewen. (1999).

[7] Data on state prekindergarten initiatives from Schulman, Blank, and Ewen (1999), unless otherwise noted.

[8] This was when the Children's Defense Fund first conducted a comprehensive study of state prekindergarten initiatives.

[9] The total amount of state funding in 1991-92 does not include funding for Hawaii's Preschool Open Doors, or for the school-based initiatives in Maine or Pennsylvania since the data are not available. Note that the amount of funding reported here differs from the amount originally reported by CDF in *First Steps, Promising Futures* (1994), because Texas has since provided revised funding data and because the 1991-92 total has been recalculated to exclude amounts identified as having been provided by sources other than the state, such as federal, local, or private sources.

[10] The enrollment count for 1991-92 does not include children participating in Florida's Migrant Prekindergarten, Hawaii's Preschool Open Doors, New Mexico's Child Development Program, Vermont's Early Education Initiative, the school-based initiatives in Maine, Pennsylvania, and Wisconsin, or the Head Start models in the District of Columbia and New Jersey, since the data are not available. Children participating in these initiatives are included in the enrollment total for 1998-99. However, most of the initiatives are serving a relatively small number of children.

The Child and Adult Care Food Program: Ensuring Good Nutrition for Children in Child Care and Early Education

The link between child care and nutrition should not be overlooked. Children who are cared for in child care settings get much of their daily nutritional intake while at child care. And research has shown that good nutrition is absolutely critical during children's early years. The federal Child and Adult Care Food Program plays an important role in helping millions of American children in child care, early education, and after-school programs get the daily nutrition they need to develop.

Children in child care receive the majority of their nutrition each day in their child care program.

- Many children are in care for several hours or more each working day. In 1990, children younger than five whose mothers were employed were in child care centers and family child care homes between 35 and 40 hours per week, on average, while their mothers were working.[1]
- For many children, the child care program they attend is their primary source of food. According to Congress's Select Panel for the Promotion of Child Health, preschool children often receive 75 to 80 percent of their nutritional intake from their child care providers.

Study after study has shown the critical importance of adequate nutrition in the first years of life, and the role it plays in helping children develop well and enter school able to succeed.

- The importance of adequate nutrition for young children cannot be overestimated. In the first years of life, children undergo incredibly rapid mental and physical development, and many of the basic components of future success are set in place. Inadequate nutrition before birth and in the first years of life can so seriously interfere with brain development that it may lead to a host of neurological and behavioral disorders, including learning disabilities and mental retardation.[2]
- Low-income children are at particular risk of poor nutrition and of the physical and mental damage that results from a lack of an adequate diet. A federal survey of one- to five-year-olds found that low-income children were less likely to receive the recommended dietary allowance (RDA) of 12 of 16 key nutrients—any one of which can have lasting effects on children's growth and development.[3]

- Children growing up in poverty suffer from higher rates of malnutrition and anemia than other children. In one urban hospital, low-income two-year-olds were 40 percent more likely than other toddlers to be severely underweight and clinically malnourished. They were 60 percent more likely to suffer malnutrition in the winter months, when, researchers speculated, families diverted their limited funds from food to fuel.[4]

The federal Child and Adult Care Food Program (CACFP) feeds millions of American children in child care and after-school programs, thus improving their health and development and reducing the cost of child care.

- Through the CACFP, programs can provide children in child care centers, family child care homes, before- and after-school programs, and Head Start programs up to two meals and a snack each day.
- In FY 1999, approximately $1.63 billion was spent to feed over 2.6 million children.[5] By reimbursing providers for part or all of program meal costs, the CACFP makes a significant difference in the ability of child care centers and low-income family child care providers to provide wholesome and nutritious meals. These meals help ensure that children are well-fed, able to concentrate, and ready to learn.
- In 1998, Congress amended the Child Nutrition Act to expand eligibility for after-school snacks, which had previously been available to children and youth up to age 13, to teenagers (13- to 19-year-olds). After-school programs in low-income areas (areas in which at least half of the children qualify for free and reduced-price meals) can now provide snacks to children up to age 19 without having to collect the family income of each child. Snacks will be provided free of charge to all children. In addition, schools *not* in low-income areas can provide snacks to children up to 19, but the school must conduct a means test. Community-based youth organizations in these areas are not eligible to receive the new reimbursement for snacks for 13- to 19-year-olds, unless their programs are co-sponsored by a school. However, community-based organization not in low-income areas may still receive reimbursement for snacks for children up to age 13 if they conduct a means test.
- In an evaluation of the program's effectiveness, the U.S. Department of Agriculture (USDA) reported that children in child care settings participating in CACFP ate more nutritious meals than those who were in child care sites that did not participate in the program..
- Many of the children receiving CACFP meals in child care centers are low-income. In centers, providers are reimbursed more for the lowest-income children, less for children from families with slightly higher incomes, and a minimal amount for higher income children.

National studies have found that the CACFP has improved the quality of family child care settings around the country—settings that serve our youngest and most vulnerable children.

- A seminal study on the quality of family child care found that the vast majority (87 percent) of homes that were considered to be providing good quality care participated in CACFP. In fact, participation in CACFP was cited as one of the factors influencing the quality of child care.[6] Other studies have found that the CACFP plays a critical role in building strong family child care for low-income families.[7]
- The CACFP provides a major incentive for family child care providers to become licensed or registered, allowing them access to training and support activities and helping them meet basic state health and safety protections that keep children safe in child care. This is critical because family child care providers work extremely long hours and are very isolated from other adults. Many providers have had little training on caring for a group of children, and have limited access to information or training that can help them improve their skills.
- Family child care providers also receive valuable support through CACFP umbrella sponsors, including training and at least three visits each year to ensure that the funds are being used appropriately and to help providers learn about children's nutritional needs. These visits are particularly important since states have limited resources and often do not provide monitoring or support to family child care providers who may care for as many as 12 children.
- In addition, the CACFP improves the economy. Many family child care providers operate as small, informal businesses that are part of the underground economy, which means that they often may not pay taxes. The CACFP gives family child care providers an incentive to become licensed or registered, thus leaving the underground economy to become taxpayers.

Changes in the CACFP that were enacted as part of the 1996 Welfare Act limited family child care providers' access to reimbursement for food costs and, as a result, have jeopardized the supply and quality of child care.

- Under provisions of the welfare law effective in 1997, family child care homes are separated into two categories:
  - Family child care homes that are located in low-income areas, or that are operated by low-income providers (with "low-income" defined as household income below 185 percent of poverty), are labeled as Tier I homes and operate under previously existing rules and regulations. Specifically, these

providers can obtain a single rate for meals and snacks for all of the children in their homes at a level slightly below that for low-income children in child care centers.

- All other homes are defined as Tier II homes. Tier II homes can elect to conduct a means test to determine if any of their families have incomes below 185 percent of poverty, and then receive the Tier I rate for these families. If they do not conduct a means test, their aggregate reimbursement is about half of the Tier I rate. If they *do* conduct a means test, the lower reimbursement rate is used for any child whose family income falls above 185 percent of poverty.

- As a result of the changes in the reimbursement rate structure, large numbers of family child care homes that are neither located in low-income areas nor operated by low-income providers may have chosen to drop out of the program (or in the case of new homes, may not have selected to enter it in the first place because their meal reimbursement rates would have been relatively low). This means that many family child care homes are not receiving any funds to provide nutritious meals or any of the training and monitoring supports provided through CACFP.

- The lower reimbursement rates for meals make it difficult for many family child care providers to cover their expenses and remain in business. Between 1996 and 1997, the number of licensed and registered family children care homes decreased by 5 percent, in comparison to an increase among child care centers of 4 percent.[8] It is likely that the changes in CACFP were a major factor in the decline in the number of family child care homes.

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PART IV

Parents, Public Officials, and the Public Support Quality Child Care, Early Education, and School-Age Care

The Public Recognizes the Importance of Child Care, Early Education, and School-Age Care

The American public and a broad range of officials agree that child care and early education should be an important priority for our country. They recognize that investments in child care, early education, and after-school programs are needed to enable children and families to succeed.

Police chiefs are among the major supporters of increased investments in child care and early education as a strategy for reducing crime and enabling children to reach their full potential.

- In a poll of police chiefs from across the country,[1] nearly nine out of ten (86 percent) said that "expanding after-school and child care programs like Head Start will greatly reduce youth crime and violence."
- Nine out of ten police chiefs agree that a failure to invest in such programs to help children and youth now would result in far higher costs later in crime, welfare, and other costs.
- Police chiefs rank providing "more after-school programs and educational child care" as the most effective strategy for reducing youth violence *four times as often* as "prosecuting more juveniles as adults" and *five times as often* as "hiring more police officers to investigate juvenile crime."

Polls demonstrate public support for helping families afford the high cost of child care.

- A December 1998 poll sponsored by the Kellogg Foundation found overwhelming (86 percent) public support for child care help for low-income working parents.[2]
- A 1998 poll sponsored by Children's Defense Fund and the Child Care Action Campaign found that 73 percent of Americans believe the federal government should provide financial assistance to working families to help pay for child care, since the government already provides working families with financial assistance to help pay for their children's college tuition. Sixty-eight percent said they were extremely likely or very likely to vote for a candidate for office who supports child care and preschool activities so that all children can enter school ready to learn. And 80 percent believe that if Congress provides new tax breaks to middle-income families, it should also provide child care assistance for low-income working families.[3]

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The public sees a clear need for greater investments in before- and after-school programs.

- A September 1999 Mott/JCPenney survey found that 92 percent of voters believe that there should be some type of organized activity or place for children and teens to go every day after school; 65 percent believe there are not enough after-school programs available; and 85 percent believe that it is difficult for parents to find after-school programs in their own communities. Voters surveyed also expressed their belief that after-school programs are a means to improve children's academic performance.[4]
- In a poll conducted in August 1999, two-thirds of those surveyed felt that providing access to after-school programs and early childhood development programs such as Head Start was more important than cutting taxes. This was higher than the percentage of respondents who felt that paying off the national debt, building new highways, or building more advanced weapons and spending more on military pay were higher priorities than reducing taxes. Half of those surveyed said that they would pay more in taxes to support quality child care, early education, and after-school programs.[5]
- In a July 1999 poll, nine out of ten respondents said they believed that investing more in preventive programs such as quality early childhood programs and after-school programs to help children would greatly reduce crime.[6]
- A poll conducted in August 1998, sponsored by the Mott Foundation, found striking support for after-school programs. Four out of every five respondents said they would be willing to raise their taxes to fund after-school programs in their communities. This support crossed party lines and was equally strong among both parents and non-parents.[7]

Public officials believe that child care and early education should be placed high on national and state policy agendas.

- According to the Education Commission of the States, three-quarters of the governors surveyed ranked child care and early childhood development as high priority on their agendas. Among eight major issues, early childhood issues ranked third.[8]
- In a 1995 survey conducted by the National League of Cities, child care and before- and after-school care together were seen as one of the most pressing needs for children and families by 92 percent of all local officials responding.[9]
- In 1989, the nation's governors and former President Bush set national education goals. The first goal was having "every child enter school ready to learn" by the year 2000. Access to good quality early childhood programs was considered key to meeting this goal.

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PARENTS, CHILDREN, TEACHERS, AND EMPLOYERS SPEAK ABOUT CHILD CARE AND EARLY EDUCATION

In their own words, parents convey the tremendous impact that quality child care and early education have on their families. Their stories also demonstrate the struggles that families face every day finding and affording quality care.

Parents see child care helping their children grow and learn.

"Our experience with child care has been a good one! Our children are learning so much every day, and they enjoy going to the center, they have lots of friends, and they love their teachers, it makes us feel a lot better (when we're at work), knowing our children are being taken care of by professionals."[1]

Kansas parents

"Being a single working parent, dependable, affordable, and safe child care is a top priority of mine . . . I don't know what I would do without Huffer and United Way (which provides financial assistance). Not only can I go to work knowing my children are safe, happy, and well taken care of, Huffer staff really care about my children and love them."[2]

Indiana parent receiving child care assistance

"I will also be whispering a quiet thank you to all the caregivers who held her when she cut her first tooth, who answered her 179th question of the day and, most important, taught her that love exists not only in her home, but in other places as well."[3]

Vermont mother

"Going to preschool really makes a difference. I can see it in my child. My other kids didn't go to preschool, and they were really behind when they went to kindergarten."[4]

Connecticut parent

"It's healthy for them to be in a day care center. They can communicate with other kids and play and stuff. It's an important part of growing up. They used to just come home and watch TV. Now they play with other kids and start on their homework. Working people need this. I couldn't afford to pay for them to go to this day care on my own. This is helping to keep them safe, and I feel better about going to work."[5]

North Carolina mother, single and working

Parents are working hard to improve their lives, and child care helps them succeed.

"Child care is a great necessity in my life. My eight-month-old daughter attends a child care center and my eight-year-old son attends an after-school program. They receive excellent care and that gives me the comfort and the reassurance that I need to continue working and providing for us as a family."[6]

Alabama mother receiving assistance

"..had it not been for (child care help), I do not believe that I would be where I am today—off of public assistance. While working and going to school the past several years as a single mother, I was determined to make life better for my children by striving to achieve my baccalaureate degree from Marshall University in pre-law in hopes of obtaining a better paying job. Although I have successfully completed school and now am gainfully employed, without doubt I could not have done this if I had to pay for child care myself. Having no relatives living close, (child care services) were my only hope...I am now in the position that I can pay for any necessary child care costs without assistance."[7]

West Virginia mother

"Colorado Springs does not pay above minimum wage to workers and these moms are expected to work a job, which most of them do want, but to also find quality child care for their children on the wages that they earn. I looked into getting a job while finishing my degree because I did not want to feel like a burden to the taxpayers, but then my social worker informed me that if I did find a job and made as much as $400 in a month I would only receive maybe $40 of my monthly check.... I was one of the lucky ones that has the drive to get my college diploma with or without help from anyone else. But, because I did the endless paperwork and the many interviews, my county does help me pay for my son's child care and I do consider myself lucky to have found a high quality facility to take care of him while I am trying to improve our future. But, I found it very disturbing when my friends and fellow college students can't continue their classes, or must scrape by to put their children into daycare that costs almost half their monthly take home pay..."[8]

Colorado mother, single

"I am a single mother on welfare.... Since I have no experience and couldn't find a job for pay, I am now in the JOBS Prep Program. I am in the middle of on-the-job work experience. I have two little boys who are not school-age yet. I have no close family near where I live and I don't know what I would have done if the government didn't pay for child care for me. I hope to find a real paying job when I finish this program. I know that I will still need help with paying for my child care to be able to make it."[9]

Alabama mother

Yet, many parents who are not receiving help are struggling to afford child care and make ends meet.

"I have been using my grocery money to pay for child care. I am taking home leftovers from the church dinners, and I'm praying that will be enough to get through the month. I literally have no money for food if I pay the preschool. I had to give away my son's cats because I could not feed them. ...I got sick and could not work for a week and a half. Now I only have half of my rent money because I ran out of my sick leave. I have a college degree, and I can't even support one child on what I make. All I need for child care is $35 a week. But, it might as well be $100, because I just don't have it. I'm collecting cans so I can have the money to get my son a Christmas present from Santa. I am as poor as I will ever be. I don't have anywhere to turn to get help, except for Children's Services Center—and I'm still waiting."[10]

Florida mother waiting for assistance

"I have two children and their child care costs me $120 per week. I work a full-time job, but after I pay taxes and insurance I bring home $230 a week. That leaves me $110 a week to take care of my children. It is almost impossible for me to survive. I make too much money to receive food stamps so my children have to go hungry in order for us to get by. If I had some help with child care, I would have more money to buy food for my children. I have worked at my job for seven and a half years.... it breaks my heart to see my children suffer because I cannot afford child care."[11]

Florida mother waiting for assistance

"I would like to see affordable, quality child care. I have an infant and a nine-year-old, and currently pay over $1,000/month in child care. This is 50 percent of my salary. There must be a better way for us to work and still feel safe about where our children are during the day without paying out half of our salary every month."[12]

Connecticut mother

"My concern, now that I'm working, is how to pay for summer child care since I will not have enough money for food."[13]

New York mother, single

"...child care is extremely expensive. I work as a temp, because I have a disabled five-year-old daughter who always has doctor appointments or needs to go to doctors out-of-state and I need the flexibility. I also have four other children and my husband stays home with the youngest three. The older two go to school all day. Anyway, in order for my husband to help out financially, he would either have to find a night job (which is difficult) or a decent daycare, which we can't find for [our] disabled [child].... If you make $10 per hour, that's $400 per week (minus taxes even less), then the day-care is $65 per week on average [per child], you end up with practically nothing"[14]

Nevada mother

Child care problems can discourage parents trying to work and move ahead.

"I find it crazy to put a child in child care for a few hours to look for a job and then down the road when I get a job, that same provider might not even have a full-time opening for my children. Then I'd have to go through this whole process again and my kids would have to get used to a whole new situation."[15]

Vermont mother

"I recently...got a good job with health insurance and good pay. I have worked really hard to get where I'm at. I was told that I make too much money to continue to receive child care [assistance]. This will mean that I have to quit my good-paying job and take a lower-paying job with no health insurance for my children. The only help that I receive from the government is my child care. But if they take that away I will be forced to quit my job and go to a lower-paying job, so I will [have to] ask for Medicaid for my children. Wouldn't it make more sense to let me have child care instead of making me go to a lower-paying job?"[16]

Ohio mother, single

Parents find it hard to maintain their independence without child care assistance.

"Making the decision to work is difficult enough without worrying about your childcare. I take my six-month-old son to one of the best places in town with the lowest ratios, and it is $616 per month. ...On top of it all, even though it is a good center, I still have my tough times. Finding affordable quality daycare is almost reason enough not to work, even if I am in a promising career and it makes more sense economically to work..."[17]

Ohio mother

"Being a single mother, a full-time student, and having to work isn't easy and is a lot of stress. Day care is so expensive that if I had to pay for it, there would be no sense in my working, because my whole paycheck would go to daycare."[18]

Wyoming parent receiving assistance

State prekindergarten initiatives provide important benefits to both parents and children.[19]

"I believe my child has learned skills in school that will stay with him forever. Socially he is on target. Emotionally, he is happy and a pleasure to be around. I can't tell you how good it feels to have my child come home and say, 'I'm special, I did good in school today.' The preschool program can mean the difference between a child going into school happy and ready for new challenges or frustrated and unprepared for his or her next twelve years."

Colorado parent

"This program is a great way for my child to meet future classmates, to learn new vocabulary each week and become more observant of his world. It made him a better thinker!"

Minnesota parent

"I think the program is excellent. My son has been a lot better with his numbers and colors, he has also been more attentive since he started the program."

Colorado parent

"My son is definitely learning. The curriculum is full of wonderful books, music and activities. When he comes home, he wants more and is bored watching television. He is already beginning to read."

Georgia parent

"Through a screening performed by ECEAP [the state prekindergarten program], it was discovered that my daughter had been born hearing impaired. She had compensated by whatever means so that no one ever suspected she had a problem. After being referred to her doctor for further testing, she was fitted for hearing aides and immediately placed in speech therapy."

Washington parent

"Due to the program, I have seen the necessity for parent participation in the education of our children, and plan to continue an active role throughout my children's school years."

Colorado parent

"ECEAP has done many wonderful things for my family and myself. The support I received from the staff is wonderful. They were always there for us. Someone to talk to that could help. They gave us needed resources, we needed dental help and they gave us the numbers; the food bank when we needed food. Parent meetings had a different topic monthly of very useful information...They helped my children learn and develop with confidence, and I gained so much confidence I opened up my own business. There are so many wonderful things ECEAP has given; I'm so thankful for all the program did for us."

Washington parent

"As a single parent, I would never be able to afford the quality child care my son receives...Academically my son excels, thanks to the care, support and instruction from the staff."

Colorado parent

"Having transportation [to bring your children to and from their prekindergarten program] really helps. You want to help your kids but when you have a job and have to work and get food on the table, education comes second. Having a bus that picks them up every day is great."

Minnesota parent

"This year there were two Downs Syndrome children who were in different prekindergarten classes. Neither child was verbal at the beginning of the year. By the end of the year, both children had become outgoing, were loved by their classmates and had become very verbal. Being in the language rich and social environment of a prekindergarten class was exactly what each child needed."

Georgia Prekindergarten
Regional Consultant

Head Start has made a tremendous difference in the lives of children and their families.

"I'll never forget the day [my Head Start teacher] taught me about shadows by having me watch mine as I walked around the room under the overhead light. 'Now you'll always have a friend,' she told me...

...I have seen and I have been one of the many children whose potential is ignited by Head Start. Children who don't know their ABC's learn them and go on to love reading. Children who cling to their mothers and cry, soon run full speed through the Head Start door to find their playmates, and children who haven't learned to use scissors or ride tricycles discover how to do these things and much more."[20]

Betsy Wright, Head Start student 1973-75
Soddy-Daisy, Tennessee
National Science Award winner and
Congressional Youth Leader in high school

"I learned a lot more than my ABC's at Head Start. The trips we took opened my eyes to a much larger world than I knew existed. When we visited a state park, I was awed; it seemed to be the biggest place I had ever been.

I gained a lot of self-confidence in Head Start. I learned not to be afraid of speaking up in class. And because no racial distinctions were ever made at Head Start, I learned as a very young child how it feels to be totally accepted by a group of peers. Later, the feeling of belonging was sometimes hard to hold onto, since I was a black child growing up in a predominantly white community. But the self-confidence that Head Start nurtured in me helped me cope with the racial issues I faced when I started public school.

Head Start also influenced me to take my education seriously and to set goals for myself that included college. After graduating from Union College in Barbourville in 1987 with a double major in sociology and psychology, I worked as a mental health therapist in a community-based clinic."[21]

Mary Lou Pursiful
Head Start student, 1969-70
Barbourville, Kentucky
Founder and Executive Director,
Black Mountain Improvement Association

"Head Start has not only helped me directly in the center, but it has helped me outside. I've been able to grow. Being a part of the parent policy council has really enriched my life. Now, I am going to college and I'm seeking a higher education and a better way of life for my children...We have a wonderful staff. We are like a family and we're always helping one another and enriching one another's life...The STEP Program, the Parent Policy Council, the Center meetings, any way that you're involved with other members of Head Start, really helps you to grow...really enriches your life. And it's really enriched mine."[22]

A Head Start Parent

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"There is nothing like Head Start. I thank Head Start for everything. I was on welfare, now I have a degree in Early Childhood Education, and I am working two jobs. I am proud to say I no longer qualify for welfare."[23]

A Head Start Parent

"Head Start has really built my self-esteem. It blessed me and my children. They are now doing great in school because of this opportunity."[24]

A Head Start Parent

"I was a struggling divorced women with low self-esteem, depression, and an emotionally scarred son, when I came to Head Start. Head Start has given both of us incredible strength."[25]

A Head Start Parent

"Head Start has helped the whole family. It has given our daughter the opportunity to spend time with kids her own age…(Head Start) has made a big difference for her. On top of the list is the dental care Head Start provided. Our daughter cried with a toothache for months which when you have no money you feel pretty helpless because you can't do anything for them…"[26]

A Head Start Parent

"Head Start has helped build my family's self-esteem. It has given my children the opportunity and experience that I could never afford to give them. It has helped me learn better ways to use and acquire resources available in the community…after being a Head Start Parent for three years, I have learned that I am just as good as anybody else; my opinion does matter, and if I apply myself and work towards a goals—I can make that goal. Just because I've been low-income for part of my life, it doesn't mean I have to remain there...life is always a learning experience."[27]

A Head Start Parent

"Jonathan…would not speak to anyone outside of our family, it was almost impossible to get him to sit down to do any kind of writing, his speech was the kind only a mommy could understand. This is when we all knew we needed help. I saw a Head Start poster and called for information…The Head Start teacher was a big part of Jonathan's life. For the first month or so he literally hung on her leg. Thanks to her experience and training,…and with the help of all the Head Start staff, Jonathan began to trust and relax with people at school. Jonathan's vision was corrected thanks to the Health

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Coordinator and then (the teacher) had his hearing checked out and corrected…let me say Thank God for Head Start and all the staff there, my son has a Head Start and a chance to do and to be any thing he wants in life."[28]

A Head Start Parent

Business leaders recognize that quality child care and early education are crucial to the productivity of today's workforce as well as tomorrow's workforce.

"The bottom line is that our efforts to support employees' work-family priorities are good business. These are neither 'perks' nor 'giveaways.' These tools will help us attract, motivate, and retain people who are more likely to be more dedicated, more focused, more innovative, and more productive."[29]

Randall L. Tobias
Former Chairman,
Eli Lilly and Company

"There's a strong economic and workforce argument to getting involved in these [child care] issues…It's in the long-term economic interest of the United States to produce people who are productive members of society."[30]

David Lawrence
Chairman and Chief Executive,
Kaiser Foundation Health Plan

"The research evidence is clear. High quality, early learning programs with strong teacher training can yield long term gains in student achievement."[31]

Stanley S. Litow
IBM Vice President,
Corporate Community Relations and President,
IBM International Foundation

"It's about being a business that has a heart, but it absolutely helps us as a business, too [to invest in child care]."[32]

Valerie Talbott, CEO
Legacy Personnel Group, Inc.
[10-person firm, Fort Lauderdale, FL]

"The ability of our employees to integrate family life and work is a key part of their satisfaction with our company as an employer... We [invest in child care] because it is the right thing to do."[33]

Russ Teubner
CEO, Teubner & Associates
[70-person firm, Stillwater, OK]

"We don't want anything to stand in the way of us finding and keeping the best employees in the world."[34]

Beth Fortmueller
Benefits Administrator
Immunex Corporation
[1,000-person firm, Seattle, WA]

"The labor market continues to tighten. Compelling research that correlates a supportive workplace to increased employee productivity and greater loyalty continues to be prevalent. Why then are there not a greater number of companies, both large and small, responding to the needs of contemporary family life? The service industry, dominated by hourly workers, is noticeably behind. The ironic thing is that the quality of our product, the delivery of service, is driven by employee mood. Why are there not more service industry employers investing in a supportive workplace?"[35]

Donna Klein
Vice President
Workplace Effectiveness,
Marriott International

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[12] From Lifetime Television's online project "Caring for Kids: Our Lifetime Commitment."

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[14] From Lifetime Television's online project "Caring for Kids: Our Lifetime Commitment."

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[16] National Association of Child Care Resource and Referral Agencies. (February 1998). Information collected by Child Carefinder, Lancaster, OH. At the time this mother told her story, she was earning $19,000 and did not qualify for child care assistance under the state's existing income cutoff. Since then, the state has raised its income cutoff level slightly so that a family earning this much would qualify for assistance, but her experience still reflects that of many low-income families earning just above the income cutoff.

[17] From Lifetime Television's online project "Caring for Kids: Our Lifetime Commitment."

[18] This quote is taken from parent interviews conducted by local resource and referral agencies and other organizations. Cited in: G. Adams and N. Poersch. (1997). *Key Facts About Child Care and Early Education: A Briefing Book.* Washington, DC: Children's Defense Fund. p. I-1.

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[21] Children's Defense Fund, "Parents Voices" data collection project, 1994-95.

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[23] Quote collected by the National Head Start Association, July 1999.

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APPENDIX A:

State-by-State Tables on Child Care, Early Education, and School-Age Care

Table 1. Percent of Mothers in the Labor Force, and Percent of Children with All Parents in the Labor Force, by State in 1990

State	Percent of Mothers		Percent of Children	
	With Children Younger than 6, Who Are in the Labor Force	With Children 6 to 17, Who Are in the Labor Force	Younger Than 6, with All Parents in the Labor Force	Ages 6 to 17, with All Parents in the Labor Force
Alabama	61.8	73.0	58.7	67.4
Alaska	58.3	77.1	54.6	67.7
Arizona	58.3	73.9	54.9	65.3
Arkansas	63.3	75.1	59.6	68.6
California	55.6	72.1	53.1	63.4
Colorado	63.2	78.9	60.0	72.0
Connecticut	59.3	78.7	56.2	71.1
Delaware	65.7	81.1	62.7	74.4
District of Columbia	66.6	79.4	63.3	72.2
Florida	63.2	77.0	60.2	70.8
Georgia	63.9	77.0	60.4	70.8
Hawaii	63.4	81.6	60.1	73.6
Idaho	60.0	77.2	56.0	68.0
Illinois	58.8	75.5	55.7	68.2
Indiana	63.6	77.4	60.7	71.4
Iowa	69.8	81.8	67.0	76.6
Kansas	64.5	79.4	61.1	73.1
Kentucky	57.2	68.2	53.6	61.5
Louisiana	56.5	67.0	52.6	59.9
Maine	62.6	78.4	59.7	71.4
Maryland	66.2	80.6	63.2	74.1
Massachusetts	59.5	77.7	56.2	69.7
Michigan	57.1	73.3	54.1	66.2
Minnesota	69.3	81.7	65.7	75.3
Mississippi	63.8	73.0	60.0	67.6
Missouri	64.5	77.3	61.1	70.6
Montana	62.3	77.3	58.4	70.0
Nebraska	71.1	82.6	67.6	76.6
Nevada	63.2	79.6	60.7	72.4
New Hampshire	66.9	83.0	63.8	76.5
New Jersey	55.9	75.2	53.1	68.0
New Mexico	55.9	70.8	53.6	62.6
New York	52.5	71.9	49.8	63.1
North Carolina	66.8	80.3	63.6	74.8
North Dakota	69.1	79.4	65.5	73.6
Ohio	57.7	72.9	54.6	65.7
Oklahoma	59.0	74.4	55.6	67.5
Oregon	59.1	76.9	56.2	69.5
Pennsylvania	56.4	73.3	53.3	65.6
Rhode Island	59.2	78.8	55.5	70.9
South Carolina	66.5	78.0	63.7	72.6
South Dakota	71.3	81.8	66.7	75.8
Tennessee	62.9	74.5	59.4	68.7
Texas	58.2	72.1	54.9	64.3
Utah	57.0	76.2	52.9	64.7
Vermont	66.0	82.2	63.1	76.0
Virginia	63.7	77.9	60.7	71.9
Washington	57.0	76.1	54.0	67.9
West Virginia	48.4	59.8	45.7	53.8
Wisconsin	66.8	81.1	63.4	74.5
Wyoming	60.7	77.2	58.0	70.7
United States	**59.7**	**75.0**	**56.6**	**67.7**

Source: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population and Housing, STF4.
Calculations by Children's Defense Fund.

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Table 2. The Number of Licensed Child Care Centers, Regulated Family Child Care Homes, and Regulated Group/Large Child Care Homes, by State in 1999

State	Licensed Child Care Centers	Regulated Family Child Care Homes[1]	Regulated Group/Large Child Care Homes[2]
Alabama	1,353	2,519	496
Alaska	225	1,677	30
Arizona	1,910	1,500	269
Arkansas	1,935	1,604	50
California	13,051	26,045	9,774
Colorado	2,503	5,677	104
Connecticut	1,638	4,431	75
Delaware	267	1,903	49
District of Columbia	354	234	0
Florida	6,052	8,435	0
Georgia	1,244	6,656	239
Hawaii	384	519	6
Idaho	526	489	793
Illinois	2,907	9,576	245
Indiana	656	0	3,268
Iowa	1,526	2,867	1,908
Kansas	1,385	3,059	4,707
Kentucky	1,974	4,495	152
Louisiana	1,808	11,000	0
Maine	904	2,400	0
Maryland	2,284	12,007	0
Massachusetts	2,295	9,885	1,120
Michigan	4,746	13,026	3,411
Minnesota	1,574	15,559	0
Mississippi	1,555	843	108
Missouri	1,515	0	2,570
Montana	251	1,068	473
Nebraska	783	3,076	399
Nevada	399	623	36
New Hampshire	1,200	269	134
New Jersey	3,500	5,100	0
New Mexico	600[3]	116	162
New York	3,411	17,803	3,054
North Carolina	3,825	5,180	0
North Dakota	109	1,614	922
Ohio	3,760	6,495	68
Oklahoma	1,912	4,170	0
Oregon	970	10,528	220
Pennsylvania	3,508	4,243	699
Puerto Rico	480	234	0
Rhode Island	360	804	6
South Carolina	1,731	1,625	343
South Dakota	164	996	65
Tennessee	3,033	2,107	719
Texas	7,733	11,706	1,877

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Table 2. The Number of Licensed Child Care Centers, Regulated Family Child Care Homes, and Regulated Group/Large Child Care Homes, by State in 1999 (*continued*)

State	Licensed Child Care Centers	Regulated Family Child Care Homes[1]	Regulated Group/Large Child Care Homes[2]
Utah	320	1,571	249
Vermont	515	1,400	20
Virginia	2,402	3,238	1,777
Virgin Islands	205	5	53
Washington	1,883	7,401	0
West Virginia	320	4,700	16
Wisconsin	2,295	6,845	0
Wyoming	218	299	379
Total U.S.[4]	**102,458**	**249,622**	**41,045**

Sources: K. Hollestelle. (1999). *The 1999 Child Care Licensing Study*. Washington, DC: The Children's Foundation.

K. Hollestelle. (1999). *The 1999 Family Child Care Licensing Study*. Washington, DC: The Children's Foundation.

*Notes:

1. Family Child Care Homes are child care arrangements in which (generally) up to six children, including those of the caregiver under age six, are cared for in the home of the provider for compensation. State statutes vary in determining the maximum number of children allowed in the home.

2. Group/Large Child Care Homes are child care arrangements in which the provider generally cares for seven to 12 children, including those of the provider and any assistants, in the home of the provider or in another facility, with one or more assistants present, for compensation. Statutes vary in determining the maximum number of children allowed in a large or group child care home.

3. Data are for 1998.

4. Total includes Puerto Rico and the Virgin Islands.

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Table 3. Access to Before- and After-School Programs in the Public Schools, by State in 1993-94

State	Public Schools Offering Extended Day Programs (#)	Public Schools Offering Extended Day Programs (%)
Alabama	1,274	23.9%
Alaska	478	16.9%
Arizona	1,057	43.2%
Arkansas	1,084	11.8%
California	7,319	30.6%
Colorado	1,329	26.4%
Connecticut	964	29.5%
Delaware	169	20.0%
District of Columbia	160	47.0%
Florida	2,348	46.9%
Georgia	1,723	36.2%
Hawaii	234	74.6%
Idaho	573	11.9%
Illinois	3,884	18.3%
Indiana	1,869	37.0%
Iowa	1,518	11.2%
Kansas	1,450	18.1%
Kentucky	1,327	49.0%
Louisiana	1,446	18.5%
Maine	721	12.7%
Maryland	1,185	43.5%
Massachusetts	1,689	26.1%
Michigan	3,159	19.1%
Minnesota	1,492	28.6%
Mississippi	957	11.1%
Missouri	2,082	27.9%
Montana	890	7.7%
Nebraska	1,296	4.8%
Nevada	365	43.7%
New Hampshire	445	13.6%
New Jersey	2,195	29.5%
New Mexico	663	21.6%
New York	3,904	22.7%
North Carolina	1,927	42.8%
North Dakota	582	9.6%
Ohio	3,636	19.1%
Oklahoma	1,763	16.7%
Oregon	1,184	23.8%
Pennsylvania	3,128	13.4%
Rhode Island	295	7.4%
South Carolina	1,081	27.7%
South Dakota	661	5.3%
Tennessee	1,522	20.5%
Texas	5,890	20.6%
Utah	674	9.6%
Vermont	318	12.3%
Virginia	1,698	23.2%
Washington	1,806	19.5%
West Virginia	898	8.4%
Wisconsin	2,014	18.8%
Wyoming	411	11.2%

Source: U.S. Department of Education, National Center for Education Statistics, Schools and Staffing Survey, 1993-94 (School Questionnaire)

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Table 4. Maximum Number of Children Allowed Per Caretaker and Maximum Group Size in Child Care Centers, Selected Ages, by State in 1998

State	Children per Caretaker			Group Size		
	9 Months	27 Months	4 Years	9 Months	27 Months	4 Years
Alabama	6:1	8:1	20:1	6	8	20
Alaska	5:1	6:1	10:1	NR	NR	NR
Arizona	5:1/11:2	8:1	15:1	NR	NR	NR
Arkansas	6:1	12:1	15:1	NR	NR	NR
California	4:1	6:1	12:1	NR	NR	NR
Colorado[1]	5:1	7:1	12:1	10	14	24
Connecticut	4:1	4:1	10:1	8	8	20
Delaware	4:1	10:1	15:1	NR	NR	NR
District of Columbia	4:1	4:1	10:1	8	8	20
Florida	4:1	11:1	20:1	NR	NR	NR
Georgia	6:1	10:1	18:1	12	20	36
Hawaii[2]	4:1	8:1	16:1	8	NR	NR
Idaho	6:1	12:1	12:1	NR	NR	NR
Illinois	4:1	8:1	10:1	12	16	20
Indiana	4:1	5:1	12:1	8	15	NR
Iowa	4:1	6:1	12:1	NR	NR	NR
Kansas	3:1	7:1	12:1	9	14	24
Kentucky	5:1	10:1	14:1	10	20	28
Louisiana	6:1	12:1	16:1	NR	NR	NR
Maine	4:1	5:1	10:1	12	15	30
Maryland[3]	3:1	6:1	10:1	6	12	20
Massachusetts[4]	3:1/7:2	4:1/9:2	10:1	7	9	20
Michigan	4:1	4:1	12:1	NR	NR	NR
Minnesota	4:1	7:1	10:1	8	14	20
Mississippi	5:1	12:1	16:1	10	14	16
Missouri	4:1	8:1	10:1	8	16	NR
Montana	4:1	8:1	10:1	NR	NR	NR
Nebraska	4:1	6:1	12:1	NR	NR	NR
Nevada[5]	6:1	10:1	13:1	NR	NR	NR
New Hampshire[6]	4:1	6:1	12:1	12	18	24
New Jersey	4:1	7:1	15:1	20	20	20
New Mexico[7]	6:1	10:1	12:1	NR	NR	NR
New York[8]	4:1	5:1	8:1	8	10	16
North Carolina[9]	5:1	10:1	20:1	10	20	25
North Dakota	4:1	5:1	10:1	NR	NR	NR
Ohio	5:1	7:1	12:1	12	14	28
Oklahoma	4:1	8:1	15:1	8	16	30
Oregon	4:1	4:1	10:1	8	8	20
Pennsylvania	4:1	6:1	10:1	8	12	20
Rhode Island	4:1	6:1	10:1	8	12	20
South Carolina	6:1	10:1	18:1	NR	NR	NR
South Dakota	5:1	5:1	10:1	20	20	20
Tennessee	5:1	8:1	15:1	10	16	20
Texas	4:1/10:2	13:1/26:2	20:1/35:2	10	26	35
Utah	4:1	7:1	15:1	8	25	25
Vermont	4:1	5:1	10:1	8	10	20
Virginia	4:1	10:1	12:1	NR	NR	NR
Washington	4:1	7:1	10:1	8	14	20

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Table 4. Maximum Number of Children Allowed Per Caretaker and Maximum Group Size in Child Care Centers, Selected Ages, by State in 1998 (*continued*)

State	Children per Caretaker			Group Size		
	9 Months	27 Months	4 Years	9 Months	27 Months	4 Years
West Virginia	4:1	8:1	12:1	NR	NR	NR
Wisconsin	4:1	6:1	13:1	8	12	24
Wyoming	5:1	8:1	15:1	NR	NR	NR
Maximum Recommended Level[10]	3:1 to 4:1	4:1 to 6:1	8:1 to 10:1	8	12	20

Source: The Center for Career Development in Early Care and Education at Wheelock College. (1998). *Child Care Centers: Child/Staff Ratio and Group Size Requirements*. Boston, MA: Author.

*Notes:

NR: Not regulated.

1. **Colorado:** Child/staff ratios and group size requirements shown in table are for large centers of more than 12 children. Small centers care for seven to twelve children, and are required to have two staff members on duty at all times and a maximum group size of 12 children between the ages of two and 16.

2. **Hawaii:** Children under two years are prohibited from centers. Hawaii has a separate set of regulations for infant/toddler programs. Ratios and group size requirements shown in table are maximum amount allowed in infant/toddler programs.

3. **Maryland:** For children six weeks to two years, the maximum group size is nine if up to two infants are in the group or six if three or more infants are in the group.

4. **Massachusetts:** Ratio of 10:1 and group size of 20 applies to three- and four-year-old children attending part-day. For school-age children in preschools, the ratio is 15:1 with a maximum group size of 30.

5. **Nevada:** Center classrooms with children over two years, but under three years are required to have a child/staff ratio of 10:1. Otherwise, the ratios in child care centers are based on the total number of children in care, not the age of the children. Requirements for children two years old and older in child care centers are as follows:

Total # of Children in Care	Total # of Caregivers Required
1-6	1
7-20	2
21-35	3
36-50	4
51-65	5
66-80	6
81-93	7

For every additional 13 children above 93, one more caregiver is required. Ratios shown in table were calculated based on the maximum number of children allowed to one caregiver.

6. **New Hampshire:** State does not regulate group size for children three years old and older, but does require that there be no more than two "groups" in a room. New Hampshire defines a "group" as a staff member and a ratio of children.

7. **New Mexico:** State defines three levels of licensing - Gold, Silver, Bronze - that are based on different levels of standards. The requirements listed in this chart reflect the minimum requirements - Bronze level. The other levels require lower ratios.

8. **New York:** The state permits larger group sizes than those shown in the table if lower child/staff ratios are maintained. The state allows the following:

27 months	4:1 with a maximum group size of 12
4 yrs	7:1 with a maximum group size of 21

9. **North Carolina:** Ratios and group size shown are for medium and large centers with 30 or more children. Small centers, which care for up to 29 children, are required to meet the following child/staff ratio and group size requirements:

0 to 1 yr	5:1 with a maximum group size of 10
1 to 5 yrs	6:1 with a maximum group size of 12
2 to 5 yrs	10:1 with a maximum group size of 20

10. **Maximum Recommended Level:** As recommended in the accreditation guidelines developed by the National Association for the Education of Young Children and in the National Health and Safety Performance Standards developed by the American Public Health Association and the American Academy of Pediatrics.

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Table 5. Early Childhood Preservice and Inservice Training Requirements for Child Care Providers, by State in 1999

State	Teachers in Child Care Centers		Family Child Care Providers	
	Is Preservice Training Required?	Is Inservice Training Required?	Is Preservice Training Required?	Is Inservice Training Required?
Alabama	No	Yes	No	Yes
Alaska	No	Yes	No	Yes
Arizona	No	Yes	N/A	N/A
Arkansas	No	Yes	No	Yes
California	Yes	No	No	No
Colorado	No	Yes	Yes	Yes
Connecticut	No	Yes	No	No
Delaware	Yes	Yes	Yes	Yes
District of Columbia	Yes	No	No	No
Florida	Yes	Yes	Yes	No
Georgia	Yes	Yes	No	Yes
Hawaii	Yes	No	No	Yes
Idaho	No	Yes	N/A	N/A
Illinois	Yes	Yes	No	No
Indiana	No	Yes	No	No
Iowa	No	Yes	N/A	N/A
Kansas	Yes	Yes	No	No
Kentucky	No	Yes	Yes	Yes
Louisiana	No	No	N/A	N/A
Maine	No	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	No	Yes
Michigan	No	No	No	No
Minnesota	Yes	Yes	Yes	Yes
Mississippi	No	Yes	No	Yes
Missouri	No	Yes	No	Yes
Montana	Yes	No	No	No
Nebraska	No	Yes	Yes	Yes
Nevada	Yes	Yes	Yes	Yes
New Hampshire	Yes	No	No	Yes
New Jersey	Yes	Yes	N/A	N/A
New Mexico	No	Yes	No	Yes
New York	No	Yes	No	Yes
North Carolina	Yes	Yes	No	No
North Dakota	No	Yes	No	Yes
Ohio	No	Yes	N/A	N/A
Oklahoma	No	Yes	No	Yes
Oregon	No	Yes	No	No
Pennsylvania	No	Yes	No	Yes
Rhode Island	Yes	Yes	No	Yes
South Carolina	No	Yes	No	No
South Dakota	No	Yes	N/A	N/A
Tennessee	No	Yes	No	Yes
Texas	Yes	Yes	No	Yes
Utah	No	Yes	No	Yes

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Table 5. Early Childhood Preservice and Inservice Training Requirements for Child Care Providers, by State in 1999 (*continued*)

State	Teachers in Child Care Centers		Family Child Care Providers	
	Is Preservice Training Required?	Is Inservice Training Required?	Is Preservice Training Required?	Is Inservice Training Required?
Vermont	Yes	Yes	No	Yes
Virginia	No	Yes	No	Yes
Washington	No	Yes	No	No
West Virginia	No	Yes	N/A	N/A
Wisconsin	Yes	Yes	Yes	Yes
Wyoming	No	Yes	No	Yes

Source: Center for Career Development in Early Care and Education at Wheelock College. (June 1999). *Child Care Licensing: Training Requirements for Roles in Child Care Centers and Family Child Care*. Boston, MA: Author.

*Notes:

If a state has requirements for training not specified in early childhood (such as first aid/CPR) that can substitute for training in early childhood education, it is reported as "No."

Family Child Care in this table refers to one provider legally caring for one or more unrelated children in the provider's residence.

"N/A" means that it is not applicable because the state does not regulate this type of caregiver.

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Table 6. Comparison of Average Annual Child Care Costs in Urban Area Centers to Average Annual Public College Tuition Costs

Location		Average Annual Cost in a Child Care Center		Comparison of Public College Tuition Costs to the Average Cost of Child Care		
State	Urban Area	For a 12-Month-Old	For a 4-Year-Old	Average Costs for Public College Tuition	As Percent of Child Care Costs for a 12-Month-Old	As Percent of Child Care Costs for a 4-Year-Old
Alabama	Birmingham	$3,833	$3,342	$2,363	62%	71%
Alaska	Anchorage	6,660	5,784	2,552	38	44
Arizona	Tucson	5,159	4,188	2,009	39	48
Arkansas	Fayetteville, Rogers, and Bentonville	4,420	3,900	2,255	51	58
California	Alameda County	6,864	6,032	2,731	40	45
Colorado	Denver	5,096	4,576	2,562	50	56
Connecticut	Hartford	7,194	5,710	4,105	57	72
Delaware	Wilmington	5,782	4,871	4,180	72	86
Florida	Urban counties	4,387	3,844	1,789	41	47
Georgia	Atlanta	4,524	4,992	2,244	50	45
Hawaii	Honolulu	7,270	6,188	2,298	32	37
Idaho	Ada County (Boise)	4,896	4,354	1,973	40	45
Illinois	Cook County (Chicago)	8,268	5,304	3,525	43	66
Indiana (mid-range)[1]	Central Indiana	6,266	4,966	3,200	51	64
Iowa[2]	Statewide	5,211	4,458	2,655	51	60
Kansas	Johnson County (Kansas City)	6,760	5,200	2,223	33	43
Kentucky	Louisville	4,320	3,905	2,241	52	57
Louisiana	New Orleans	3,677	3,470	2,230	61	64
Maine	Portland	6,916	5,356	3,639	53	68
Maryland	Baltimore (city only)	7,980	4,528	3,848	48	85
Massachusetts	Boston	12,324	7,904	4,266	35	54
Michigan	Wayne County (Detroit)	6,056	4,715	3,986	66	85
Minnesota	Minneapolis	9,447	6,662	3,539	37	53
Mississippi[3]	Statewide	3,406	3,172	2,497	73	79
Missouri	Greater St. Louis	5,200	4,940	3,230	62	65
Montana	Missoula County	4,680	3,900	2,488	53	64
Nebraska	Omaha	5,200	4,940	2,269	44	46
Nevada	Washoe County (Reno)	5,200	4,420	1,814	35	41
New Hampshire	Nashua	7,228	5,876	4,644	64	79
New Jersey	Trenton	5,824	4,628	4,269	73	92
New Mexico	Albuquerque metro area	4,903	4,190	2,016	41	48
New York	Albany County	7,956	6,708	3,797	48	57
North Carolina	Wake County	5,836	5,068	1,841	32	36
North Dakota	Urban areas	4,885	4,193	2,381	49	57
Ohio	Columbus	6,500	4,940	3,834	59	78
Oklahoma	Tulsa, Oklahoma, Cleveland, and Canadian counties	4,628	4,056	1,936	42	48
Oregon	Salem	5,857	4,723	3,407	58	72
Pennsylvania	Allegheny County	6,664	5,465	4,994	75	91
Rhode Island	Providence	6,500	4,420	3,907	60	88
South Carolina	Columbia	3,900	3,380	3,206	82	95

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Table 6. Comparison of Average Annual Child Care Costs in Urban Area Centers to Average Annual Public College Tuition Costs (*continued*)

Location		Average Annual Cost in a Child Care Center		Comparison of Public College Tuition Costs to the Average Cost of Child Care		
State	Urban Area	For a 12-Month-Old	For a 4-Year-Old	Average Costs for Public College Tuition	As Percent of Child Care Costs for a 12-Month-Old	As Percent of Child Care Costs for a 4-Year-Old
South Dakota	Sioux Falls	4,420	3,900	2,727	62	70
Tennessee	Knoxville	3,633	3,446	2,051	56	60
Texas	Dallas	4,838	3,789	2,022	42	53
Utah	Provo	4,837	3,488	2,010	42	58
Vermont	Burlington	6,604	5,876	6,538	99	111
Virginia	Fairfax	8,892	7,020	3,962	45	56
Washington	Seattle	8,840	6,136	2,928	33	48
West Virginia	Huntington	4,888	3,484	2,088	43	60
Wisconsin	Dane County	7,696	6,240	2,747	36	44
Wyoming	Casper	4,784	3,848	2,144	45	56

Sources: Data on child care costs collected from local resource and referral agencies through a joint survey by the Children's Defense Fund and the National Association of Child Care Resource and Referral Agencies, February 1998. Data on average university costs from U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS), Fall Enrollment and Institutional Characteristics surveys, October 1997.

*Notes:

1. Indiana provided information on an average cost range for each region of the state; the mid-point of the range for Central Indiana is presented here.

2. For Iowa, urban area data were not available; therefore, statewide cost figures are presented here instead.

3. For Mississippi, urban area data were not available; therefore, statewide cost figures are presented here instead.

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Table 7. Estimated Fiscal Year 2000 Allocations for the Child Care and Development Block Grant (CCDBG)

State	Federal Mandatory Funds[1]	Required State Maintenance of Effort (MOE) Levels[2]	Federal Matching Funds[3]	State Match Required to Draw Down Federal Matching Funds[4]	Discretionary Funds	Total
Alabama	$16,441,707	$6,896,417	$17,352,620	$7,698,080	$24,093,650	$72,482,474
Alaska	3,544,811	3,544,811	3,057,489	2,793,045	2,368,837	15,308,993
Arizona	19,827,025	10,032,936	19,200,742	10,113,368	22,862,856	82,036,927
Arkansas	5,300,283	1,886,543	10,553,351	3,911,220	13,986,658	35,638,055
California	85,593,217	85,593,217	151,677,325	142,556,089	143,633,497	609,053,345
Colorado	10,173,800	8,985,901	16,283,819	15,904,003	12,855,527	64,203,050
Connecticut	18,738,357	18,738,358	13,394,442	13,394,442	8,495,222	72,760,821
Delaware	5,179,330	5,179,325	2,918,942	2,918,942	2,281,566	18,478,105
District of Columbia	4,566,974	4,566,972	1,914,331	1,914,331	2,199,260	15,161,868
Florida	43,026,524	33,415,872	57,014,910	45,125,738	59,367,525	237,950,569
Georgia	36,548,223	22,182,651	32,125,813	21,001,048	38,075,881	149,933,616
Hawaii	4,971,633	4,971,630	5,141,067	5,141,067	4,536,177	24,761,574
Idaho	2,867,578	1,175,819	5,463,971	2,358,464	6,073,385	17,939,217
Illinois	56,873,824	56,873,825	52,232,145	52,232,145	44,194,352	262,406,291
Indiana	26,181,999	15,356,947	24,153,887	15,436,159	21,299,064	102,428,056
Iowa	8,507,792	5,078,586	11,299,043	6,545,308	10,583,036	42,013,765
Kansas	9,811,721	6,673,024	11,034,770	7,341,200	10,399,827	45,260,542
Kentucky	16,701,653	7,274,537	15,404,662	6,436,628	21,013,969	66,831,449
Louisiana	13,864,552	5,219,488	19,717,512	8,302,258	30,524,149	77,627,959
Maine	3,018,598	1,749,818	4,756,081	2,406,692	4,635,886	16,567,075
Maryland	23,301,407	23,301,407	21,549,387	21,549,387	15,701,093	105,402,681
Massachusetts	44,973,373	44,973,368	23,785,784	23,785,784	16,051,300	153,569,609
Michigan	32,081,922	24,411,364	41,267,761	37,009,480	32,628,551	167,399,078
Minnesota	23,367,543	19,690,299	20,014,096	18,848,227	15,322,671	97,242,836
Mississippi	6,293,116	1,715,430	12,036,998	3,640,259	19,965,030	43,650,833
Missouri	24,668,568	16,548,755	22,458,949	14,823,503	21,442,395	99,942,170
Montana	3,190,691	1,313,990	3,627,059	1,429,485	3,760,744	13,321,969
Nebraska	10,594,637	6,498,998	7,045,232	4,417,886	6,560,222	35,116,975
Nevada	2,580,422	2,580,421	7,030,121	7,030,121	5,385,411	24,606,496
New Hampshire	4,581,870	4,581,866	4,845,844	4,845,844	2,975,442	21,830,866
New Jersey	26,374,178	26,374,178	33,319,275	33,319,275	22,032,069	141,419,775
New Mexico	8,307,587	2,895,259	8,133,934	3,011,495	11,049,350	33,397,625
New York	101,983,998	101,983,998	76,221,052	76,221,052	67,230,043	423,640,143
North Carolina	69,639,228	37,927,282	30,296,093	17,739,571	32,946,922	188,549,096
North Dakota	2,506,022	1,017,036	2,640,873	1,135,039	2,739,147	10,038,117
Ohio	70,124,656	45,403,943	45,991,554	32,950,351	39,415,086	233,885,590
Oklahoma	24,909,979	10,630,233	14,036,371	5,777,818	17,718,421	73,072,822
Oregon	19,408,790	11,714,966	12,980,436	8,457,113	11,897,215	64,458,520
Pennsylvania	55,336,804	46,629,051	47,040,501	40,444,158	38,409,253	227,859,767
Rhode Island	6,633,774	5,321,126	3,889,086	3,306,263	3,061,075	22,211,324
South Carolina	9,867,439	4,085,269	15,237,639	6,577,163	20,881,724	56,649,234
South Dakota	1,710,801	802,914	3,219,679	1,504,028	3,666,913	10,904,335
Tennessee	37,702,188	18,975,782	21,456,584	12,552,901	24,127,254	114,814,709
Texas	59,844,129	34,681,421	89,959,977	54,091,227	110,818,550	349,395,304
Utah	12,591,564	4,474,923	10,801,195	4,246,444	11,092,992	43,207,118

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Table 7. Estimated Fiscal Year 2000 Allocations for the Child Care and Development Block Grant (CCDBG) (*continued*)

State	Federal Mandatory Funds[1]	Required State Maintenance of Effort (MOE) Levels[2]	Federal Matching Funds[3]	State Match Required to Draw Down Federal Matching Funds[4]	Discretionary Funds	Total
Vermont	$3,944,887	$2,666,323	$2,348,714	$1,441,368	$2,008,769	$12,410,061
Virginia	21,328,766	21,328,762	26,946,945	25,275,816	22,839,951	117,720,240
Washington	41,883,444	38,707,605	23,396,895	21,168,619	19,369,622	144,526,185
West Virginia	8,727,005	2,971,392	6,515,324	2,233,601	8,901,967	29,349,289
Wisconsin	24,511,351	16,449,406	21,388,377	14,955,509	17,362,615	94,667,258
Wyoming	2,815,041	1,553,707	2,039,060	1,142,994	1,982,873	9,533,675
Total:	**$1,177,524,781**	**$887,607,151**	**$1,136,217,717**	**$878,462,008**	**$1,112,825,794**	**$5,192,637,451**

Source: Data from the U.S. Department of Health and Human Services, Child Care Bureau, available on-line at http://www.acf.dhhs.gov/programs/ccb/policy/fy20002.htm

Estimated allocations for the Matching and Discretionary funds are based on counts used to determine FY 1999 allocations. The actual allocations for FY 2000 can and will change based on new data. The State share estimate of the Matching Fund was based on FY 1999 FMAP rates. FY 2000 rates were not available at time of release.

*Notes:

1. Mandatory funds are allocated based on the federal share of expenditures for IV-A child care in FY 1994, FY 1995, or the average of 1992-1994, whichever is greatest. Allocations are based on expenditure data as of February 28 and April 28, 1995.

2. Preliminary calculation based on available aggregate data may need to be adjusted. To be eligible for matching funds, states are required to maintain the greater of FY 1994 or FY 1995 expenditures for IV-A child care.

3. Matching funds are allocated according to the proportion of children under 13, using Census data, as of July 1995 (in accordance with the At-Risk Child Care Program allocation formula). Each state's maximum allocation is shown; unused funds will be redistributed among states.

4. State expenditures above the maintenance of effort level are matched based on the FY 1995 federal Medicaid matching rate.

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Table 8. Percent of Eligible Children Served by the Child Care and Development Block Grant, by State in 1998

State	Number of Low-Income Children (Family Income Under 85 Percent of State Median Income) Eligible for Child Care Assistance	Children Served by the Child Care and Development Block Grant (1998)	
		Average Monthly Enrollment	*Percent of Eligible Children Served*
Alabama	233,300	20,530	9%
Alaska	46,700	5,080	11%
Arizona	283,800	33,060	12%
Arkansas	180,600	9,240	5%
California	1,732,500	100,640	6%
Colorado	226,300	20,170	9%
Connecticut	187,700	11,910	6%
Delaware	50,700	6,140	12%
District of Columbia	31,500	3,850	12%
Florida	705,300	46,640	7%
Georgia	485,200	47,210	10%
Hawaii	81,200	6,670	8%
Idaho	68,200	6,550	10%
Illinois	676,000	88,330	13%
Indiana	299,800	12,670	4%
Iowa	199,200	11,810	6%
Kansas	172,800	10,240	6%
Kentucky	170,200	25,010	15%
Louisiana	219,700	35,180	16%
Maine	60,900	N/A	N/A
Maryland	259,900	21,380	8%
Massachusetts	301,700	46,010	15%
Michigan	545,100	92,060	17%
Minnesota	297,400	25,530	9%
Mississippi	185,500	7,870	4%
Missouri	305,600	42,600	14%
Montana	60,800	5,530	9%
Nebraska	115,000	9,350	8%
Nevada	97,000	4,830	5%
New Hampshire	71,600	6,390	9%
New Jersey	350,500	32,500	9%
New Mexico	126,900	14,980	12%
New York	880,900	158,610	18%
North Carolina	411,400	74,250	18%
North Dakota	37,700	4,160	11%
Ohio	577,300	59,360	10%
Oklahoma	191,100	39,930	21%
Oregon	188,500	15,210	8%
Pennsylvania	533,900	72,680	14%
Rhode Island	42,500	6,330	15%
South Carolina	231,000	21,730	9%
South Dakota	46,200	3,530	8%
Tennessee	346,000	54,820	16%
Texas	1,161,700	78,960	7%
Utah	130,400	12,550	10%
Vermont	33,400	4,740	14%
Virginia	348,100	23,880	7%
Washington	310,500	41,850	13%
West Virginia	52,700	12,900	24%
Wisconsin	365,800	23,870	7%
Wyoming	31,600	3,200	10%

Source: Administration for Children and Families, U.S. Department of Health and Human Services (October 1999). *Access to Child Care for Low-Income Working Families*. Washington, DC: U.S. DHHS. Estimates for eligible children and number of eligible children served were generated from the Urban Institute's TRIM3 model.

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Table 9. Head Start Enrollment, by State, and by Race and Ethnicity, in 1998

State	Total Number of Children Served	Percent White	Percent Black	Percent Hispanic/ Latino	Percent Asian	Percent Pacific Islander	Percent Native American
Alabama	15,118	24%	74%	1%	1%	0%	0%
Alaska	1,261	27%	8%	6%	3%	2%	55%
Arizona	11,055	24%	8%	62%	1%	0%	6%
Arkansas	9,893	47%	49%	3%	0%	0%	0%
California	86,368	16%	16%	61%	7%	0%	1%
Colorado	8,863	32%	11%	53%	2%	0%	2%
Connecticut	6,476	22%	41%	35%	1%	0%	0%
Delaware	2,114	20%	64%	15%	1%	0%	0%
District of Columbia	3,295	1%	85%	13%	2%	0%	0%
Florida	30,285	20%	61%	18%	1%	0%	0%
Georgia	21,195	19%	75%	5%	1%	0%	0%
Hawaii	2,769	19%	6%	8%	22%	45%	1%
Idaho	2,231	71%	2%	23%	1%	0%	3%
Illinois	34,871	26%	54%	18%	1%	0%	0%
Indiana	12,930	62%	32%	6%	0%	0%	0%
Iowa	6,922	75%	15%	8%	2%	0%	1%
Kansas	7,175	50%	28%	18%	2%	1%	2%
Kentucky	15,163	76%	20%	1%	1%	0%	0%
Louisiana	20,402	18%	81%	1%	1%	0%	0%
Maine	3,537	93%	3%	1%	1%	0%	2%
Maryland	9,507	25%	67%	6%	1%	0%	0%
Massachusetts	11,877	39%	20%	33%	7%	0%	1%
Michigan	33,316	50%	42%	6%	1%	0%	1%
Minnesota	9,545	58%	18%	10%	10%	0%	4%
Mississippi	24,953	11%	89%	0%	0%	0%	0%
Missouri	15,415	58%	38%	3%	1%	0%	0%
Montana	2,555	82%	2%	4%	1%	0%	11%
Nebraska	4,335	60%	18%	16%	2%	0%	4%
Nevada	2,035	27%	32%	37%	1%	1%	2%
New Hampshire	1,382	90%	4%	4%	1%	0%	1%
New Jersey	14,201	13%	56%	29%	2%	0%	0%
New Mexico	7,012	18%	4%	71%	1%	0%	8%
New York	45,614	29%	35%	32%	4%	0%	1%
North Carolina	17,221	24%	89%	5%	1%	0%	2%
North Dakota	1,966	81%	3%	4%	1%	0%	12%
Ohio	36,300	50%	46%	4%	1%	0%	0%
Oklahoma	12,142	52%	26%	8%	1%	0%	14%
Oregon	5,400	62%	8%	25%	3%	0%	3%
Pennsylvania	28,902	46%	43%	10%	1%	0%	0%
Puerto Rico	33,273	0%	0%	100%	0%	0%	0%
Rhode Island	2,778	50%	21%	23%	3%	0%	3%
South Carolina	11,110	7%	92%	1%	0%	0%	0%
South Dakota	2,355	72%	3%	3%	1%	0%	21%
Tennessee	14,748	54%	43%	2%	1%	0%	0%
Texas	57,281	14%	27%	57%	1%	0%	1%

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Table 9. Head Start Enrollment, by State, and by Race and Ethnicity, in 1998 (*continued*)

State	Total Number of Children Served	Percent White	Percent Black	Percent Hispanic/ Latino	Percent Asian	Percent Pacific Islander	Percent Native American
Utah	4,654	56%	3%	31%	2%	3%	6%
Vermont	1,404	95%	2%	1%	1%	0%	1%
Virginia	12,053	38%	62%	7%	3%	3%	0%
Virgin Islands	1,430	0%	83%	16%	1%	0%	0%
Washington	9,679	49%	14%	24%	8%	1%	4%
West Virginia	6,876	88%	11%	0%	0%	0%	0%
Wisconsin	12,905	48%	30%	11%	8%	0%	3%
Wyoming	1,452	68%	3%	24%	1%	0%	3%
Outer Pacific	5,989						
American Indian	21,612						
Migrants	37,116						
United States*	**822,316**	**33%**	**38%**	**25%**	**2%**	**1%**	**1%**

Source: U.S. Department of Health and Human Services, Head Start Bureau, 1998.

** Includes Puerto Rico, Virgin Islands, Outer Pacific, American Indian Programs and Migrant Programs.*

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Table 10. Number of Children and Child Care Programs Participating in the Child and Adult Care Food Program (CACFP), by State in 1998

State	Number of Programs in the CACFP			Number of Children in the CACFP		
	Child Care Centers	Family Child Care Homes	TOTAL	In Child Care Centers	In Family Child Care Homes	TOTAL
Alabama	491	2,254	2,745	23,578	10,997	34,575
Alaska	163	595	758	4,428	2,531	6,959
Arizona	708	4,128	4,836	34,556	11,002	45,558
Arkansas	443	1,100	1,543	16,408	5,509	21,917
California	3,569	21,920	25,489	146,372	133,573	279,945
Colorado	485	4,158	4,643	20,250	22,234	42,484
Connecticut	293	1,758	2,051	10,181	8,886	19,067
Delaware	111	1,221	1,332	6,322	6,322	12,644
District of Columbia	95	128	223	3,776	361	4,137
Florida	1,433	2,881	4,314	84,018	12,368	96,386
Georgia	1,106	3,669	4,775	72,134	19,735	91,869
Guam	5	44	49	361	147	508
Hawaii	225	468	693	7,808	1,338	9,146
Idaho	92	506	598	3,481	2,818	6,299
Illinois	1,888	6,849	8,737	67,357	27,873	95,230
Indiana	650	1,855	2,505	29,840	16,005	45,845
Iowa	500	2,170	2,670	16,765	10,098	26,863
Kansas	464	5,192	5,656	17,932	36,175	54,107
Kentucky	750	749	1,499	32,517	4,443	36,960
Louisiana	535	7,273	7,808	22,470	31,925	54,395
Maine	202	1,764	1,966	4,321	10,998	15,319
Maryland	401	4,779	5,180	18,429	26,676	45,105
Massachusetts	767	6,675	7,442	28,988	23,425	52,413
Michigan	1,010	8,682	9,692	39,399	31,793	71,192
Minnesota	592	11,501	12,093	19,532	73,597	93,129
Mississippi	356	781	1,137	23,074	4,034	27,108
Missouri	666	2,478	3,144	27,290	18,175	45,465
Montana	176	1,236	1,412	4,780	9,089	13,869
Nebraska	363	3,308	3,671	14,719	22,931	37,650
Nevada	65	402	467	3,326	1,486	4,812
New Hampshire	145	313	458	4,611	1,960	6,571
New Jersey	972	1,057	2,029	35,407	5,082	40,489
New Mexico	386	6,758	7,144	16,880	26,045	42,925
New York	3,032	8,226	11,258	175,877	51,221	227,098
North Carolina	1,707	3,601	5,308	76,035	20,303	96,338
North Dakota	121	1,966	2,087	4,882	12,816	17,698
Ohio	1,443	4,046	5,489	61,124	18,608	79,732
Oklahoma	697	2,317	3,014	27,331	18,319	45,650
Oregon	511	5,226	5,737	13,015	22,842	35,857
Pennsylvania	1,395	2,624	4,019	51,817	16,814	68,631
Puerto Rico	953	96	1,049	22,358	306	22,664
Rhode Island	116	232	348	6,230	1,181	7,411
South Carolina	361	1,149	1,510	16,994	9,112	26,106
South Dakota	161	839	1,000	5,104	6,216	11,320
Tennessee	712	1,646	2,358	29,008	11,268	40,276
Texas	1,841	8,526	10,367	103,035	46,567	149,602
Utah	275	3,758	4,033	14,029	23,192	37,221
Vermont	100	816	916	2,012	5,307	7,319
Virgin Islands	41	0	41	1,216	0	1,216
Virginia	735	3,478	4,213	26,295	14,886	41,181
Washington	827	5,259	6,086	27,008	37,608	64,616
West Virginia	357	1,637	1,994	9,247	6,550	15,797
Wisconsin	694	4,001	4,695	29,525	22,524	52,049
Wyoming	91	636	727	3,407	4,600	8,007
Total U.S.*	**36,277**	**178,731**	**215,008**	**1,566,859**	**969,871**	**2,536,730**

Source: U.S. Department of Agriculture, Food and Nutrition Services. Data are current as of January 25, 1999.
*Including Guam, Puerto Rico, and Virgin Islands.

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Table 11. State Prekindergarten Initiatives: State Funding and Number of Children Served, in 1998-99

State	Program	State Spending	Number of Children Served
Alabama	Preschool Collaboration Project	$690,000	1,000
Alaska	Alaska Head Start Program (State-Funded Head Start Model)	$5,489,951	725
Arizona	Early Childhood State Block Grant (Prekindergarten Component)	$10,013,423	3,482
Arkansas	Arkansas Better Chance	$10,000,000	9,048
California	State Preschool Program	$127,000,000	145,719
Colorado	Colorado Preschool Program	$21,640,000	8,350
Connecticut	School Readiness and Child Care Initiative	$39,000,000	5,000
	State-Funded Head Start Model	$5,100,000	N/A
Delaware	Early Childhood Assistance Program (State-Funded Head Start Model)	$3,600,000	843
District of Columbia	Public School Preschool Program	$14,591,000	3,381
	District-Funded Head Start Model	$2,570,000	1,450
Florida	Prekindergarten Early Intervention Program	$97,000,328	29,639
	State Migrant Prekindergarten Program	$3,295,172	7,552
Georgia	Prekindergarten Program for Four-Year-Olds	$217,000,000	61,000
Hawaii	Preschool Open Doors	$2,700,000	780
	State-Funded Head Start Model	$387,387	229
Illinois	Early Childhood Block Grant (Prekindergarten Component)	$136,000,000	50,000
Iowa	Comprehensive Child Development Program "Shared Visions"	$7,633,087	2,466
Kansas	Four-Year-Old At-Risk Children Preschool Program	$3,000,000	1,350
	State-Funded Head Start Model	$2,500,000	N/A
Kentucky	Kentucky Preschool Program	$39,700,000	15,433
Louisiana	Preschool Block Grant	$6,650,000	3,200
Maine	Two-Year Kindergarten	$1,300,000	654
	State-Funded Head Start Model	$2,329,000	424
Maryland	Extended Elementary Education Program (EEEP)	$19,263,000	9,880
Massachusetts	Community Partnerships for Children	$78,500,000	18,100
	State-Funded Head Start Model	$6,900,000	450
Michigan	Michigan School Readiness Program	$67,083,000	21,638
Minnesota	Learning Readiness	$10,300,000	44,889
	State-Funded Head Start Model	$18,750,000	3,135
Missouri	Missouri Preschool Project	N/A	N/A
Nebraska	Early Childhood Projects	$500,000	275
New Hampshire	NH Head Start - State Collaboration (State-Funded Head Start Model)	$230,000	N/A
New Jersey	Early Childhood Program Aid (Prekindergarten Component)	$70,000,000	8,197
	State-Funded Head Start Model	$1,400,000	500
New Mexico	Child Development Program	$1,300,000	1,333
	State-Funded Head Start Model	$5,000,000	1,300
New York	Universal Prekindergarten	$67,000,000	18,906
	Experimental Prekindergarten	$50,200,000	19,458
North Carolina	Smart Start	N/A	N/A
Ohio	Public School Preschool	$17,900,000	7,773
	State-Funded Head Start Model	$92,562,977	22,072
Oklahoma	Early Childhood Four-Year-Old Program	$36,500,708	16,678
	Head Start State-Appropriated Funds (State-Funded Head Start Model)	$3,316,918	N/A
Oregon	Oregon Head Start Prekindergarten (State-Funded Head Start Model)	$16,272,167	3,064
Pennsylvania	Education Aid for Kindergarten for Four-Year-Olds	$5,700,000	2,979
Rhode Island	Early Childhood Investment Fund	--	--
	State-Funded Head Start Model	$1,965,000	400
South Carolina	Early Childhood Program (Half-Day Child Development Program)	$22,356,688	16,000

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Table 11. State Prekindergarten Initiatives: State Funding and Number of Children Served, in 1998-99 (*continued*)

State	Program	State Spending	Number of Children Served
Tennessee	Tennessee Early Childhood Education Pilot Program	$3,100,000	600
Texas	Public School Prekindergarten	$235,000,000	123,859
Vermont	Early Education Initiative	$1,315,000	1,097
Virginia	Virginia Preschool Initiative	$23,500,000	5,811
Washington	Early Childhood Education and Assistance Program	$28,897,592	8,098
	Head Start State Match Program (State-Funded Head Start Model)	$470,000	N/A
West Virginia	Public School Early Childhood Education	$6,232,702	5,656
Wisconsin	Four-Year-Old Kindergarten	$19,800,000	9,550
	State-Funded Head Start Model	$4,950,000	1,187
Totals	**Number of Initiatives: 58**	**$1,675,455,100**	**724,610**

Source: K. Schulman, H. Blank, and D. Ewen. (September 1999). *Seeds of Success: State Prekindergarten Initiatives 1998-99*. Washington, DC: Children's Defense Fund. Data are provided as reported by the states. Some figures may be rounded or estimated. For some states, the data may not be not comparable because the most recent available figures were from 1997-98, the enrollment counts included some duplication or children who were only receiving supplementary services through the prekindergarten initiative, or for other reasons. See original source for further details.

N/A: Data not available.

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Table 12. State Child Care Tax Credits, in 1999

State	Does the State Have a Tax Credit?
Alabama	No
Alaska	N/A
Arizona	No
Arkansas	Yes, Refundable
California	No
Colorado	Yes, but not refundable
Connecticut	No
Delaware	Yes, but not refundable
District of Columbia	Yes, but not refundable
Florida	N/A
Georgia	No
Hawaii	Yes, Refundable
Idaho	Yes, but not refundable
Illinois	No
Indiana	No
Iowa	Yes, Refundable
Kansas	Yes, but not refundable
Kentucky	Yes, but not refundable
Louisiana	Yes, but not refundable
Maine	Yes, but not refundable
Maryland	Yes, but not refundable
Massachusetts	Yes, but not refundable
Michigan	No
Minnesota	Yes, Refundable
Mississippi	No
Missouri	No
Montana	Yes, but not refundable
Nebraska	Yes, Refundable
Nevada	N/A
New Hampshire	N/A
New Jersey	No
New Mexico	Yes, Refundable
New York	Yes, Refundable
North Carolina	Yes, but not refundable
North Dakota	No
Ohio	Yes, but not refundable
Oklahoma	Yes, but not refundable
Oregon	Yes, but not refundable
Pennsylvania	No
Rhode Island	No
South Carolina	Yes, but not refundable
South Dakota	N/A
Tennessee	N/A
Texas	N/A
Utah	No
Vermont	No
Virginia	Yes, but not refundable
Washington	N/A
West Virginia	No
Wisconsin	No
Wyoming	N/A

Source: Children's Defense Fund survey of state child care administrators and licensing agencies, June 1999.
N/A: State does not have an income tax.

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APPENDIX B:

Organizations and Data Sources

American Public Human Services Association (APHSA)
810 First Street, NE, Suite 500
Washington, DC 20002-4267
(202) 682-0100
Fax: (202) 289-6555
http://www.aphsa.org

Annie E. Casey Foundation KidsCount Project
701 St. Paul St.
Baltimore, MD 21202
(410) 547-6600
Fax: (410) 547-6624
http://www.aecf.org/kidscount/

Center for Career Development in Early Care and Education Wheelock College
200 The Riverway
Boston, MA 02215
(617) 734-5200
Fax: (617) 738-0643
http://ericps.crc.uiuc.edu/ccdece/ccdece.html

Center for the Child Care Workforce
733 15th Street, NW, Suite 1037
Washington, DC 20005
(202) 737-7700
Fax: (202) 737-0370
http://www.ccw.org

Center on Law and Social Policy
1616 P Street, NW, Suite 150
Washington, DC 20036
(202) 328-5140
Fax: (202) 328-5195
http://www.clasp.org/

Child Care Action Campaign
330 Seventh Avenue, 14th Floor
New York, NY 10001
(212) 239-0138
Fax: (212) 268-6515

Child Care Law Center
973 Market Street, Suite 550
San Francisco, CA 94103
(415) 495-5498
Fax: (415) 495-6734
http://www.childcarelaw.org

Child Trends, Inc.
4301 Connecticut Avenue, NW, Suite 100
Washington, DC 20008
(202) 362-5580
Fax: (202) 362-5533
http://www.childtrends.org/

Child Welfare League of America, Inc.
440 First Street, NW, Third Floor
Washington, DC 20001-2085
(202) 638-2952
Fax: (202) 638-4004
http://www.cwla.org

The Children's Defense Fund
25 E Street, NW
Washington, DC 20001
(202) 628-8787
http://www.childrensdefense.org

The Children's Foundation
725 15th Street, NW, Suite 505
Washington, DC 20005
(202) 347-3300
Fax: (202) 347-3382
http://www.childrensfoundation.net

ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE)
University of Illinois, Children's Research Center
51 Gerty Drive
Champaign, IL 61820-7469
(800) 583-4135
Fax: (217) 333-3767
http://ericeece.org

Families and Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001
(212) 465-2044
Fax: (212) 465-8637
http://www.familiesandworkinst.org

Fight Crime/Invest in Kids
1334 G Street, NW, Suite B
Washington, DC 20005
(202) 638-0690
Fax: (202) 638-0673
http://www.fightcrime.org

The Finance Project
1000 Vermont Avenue, NW
Washington, DC 20005
(202) 628-4200
Fax: (202) 628-4205
http://www.financeproject.org

Frank Porter Graham Child Development Center
National Center for Early Development and Learning
University of North Carolina at Chapel Hill,
CB #8180
Chapel Hill, NC 27599
http://www.fpg.unc.edu/~NCEDL/index.htm

Mathematica Policy Research, Inc.
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Princeton, NJ 08543-2393
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Fax: (609) 799-0005
http://www.mathematica-mpr.com/

National Association for the Education of Young Children (NAEYC)
1509 16th Street, NW
Washington, DC 20036
(800) 424-2460 or (202) 232-8777
Fax: (202) 328-1846
http://www.naeyc.org

National Association for Family Child Care (NAFCC)
525 SW Fifth Street, Suite A
Des Moines, IA 50309-4501
(800) 359-3817 or (515) 282-8192
Fax: (515) 282-9117
http://www.nafcc.org

National Association for Regulatory Administration (NARA)
26 East Exchange Street, Fifth Floor
St. Paul, MN 55101-2264
(651) 290-6280
Fax: (651) 290-2266
http://www.nara-licensing.org/

National Association of Child Care Resource and Referral Agencies (NACCRRA)
1319 F Street, NW, Suite 810
Washington, DC 20004-1106
(202) 393-5501
Fax: (202) 393-1109
http://www.naccrra.net

National Black Child Development Institute
1023 15th Street, NW, Suite 600
Washington, DC 20005
(202) 387-1281
Fax: (202) 234-1738
http://www.nbcdi.org

National Center for Children in Poverty
Joseph L. Mailman School of Public Health
Columbia University
154 Haven Avenue
New York, NY 10032
(212) 304-7100
Fax: (212) 544-4200
http://cpmcnet.columbia.edu/dept/nccp/

National Child Care Association
1016 Rosser Street
Conyers, GA 30012
(800) 543-7161
http://www.nccanet.org

National Child Care Information Center
243 Church Street, NW, 2nd Floor
Vienna, VA 22180
(800) 616-2242
Fax: (800) 716-2242
TTY: (800) 516-2242
http://nccic.org

National Conference of State Legislatures (NCSL)
1560 Broadway, Suite 700
Denver, CO 80202
(303) 830-2200
Fax: (303) 863-8003
http://www.ncsl.org

National Governors' Association (NGA)
Hall of States
444 North Capitol Street
Washington, DC 20001-1512
(202) 624-5300
Fax: (202) 624-5313
http://www.nga.org

National Head Start Association
1651 Prince Street
Alexandria, VA 22314
(703) 739-0875
Fax: (703) 739-0878
http://www.nhsa.org

National Indian Child Care Association
279 East 137th Street
Glenpool, OK 74033
(918) 756-2112
Fax: (918) 758-1498

National Institute on Out-of-School Time (NIOST)
Wellesley College Center for Research on Women
Wellesley, MA 02181
(781) 283-2547
Fax: (781) 283-3657
http://www.wellesley.edu/WCW/CRW/SAC

National Resource Center for Health and Safety in Child Care
University of Colorado Health Sciences Center at Fitzsimons
Campus Mail Stop F541
P.O. Box 6508
Aurora, CO 80045-0508
(800) 598-KIDS
Fax: (303) 724-0960
http://nrc.uchsc.edu

National School-Age Care Alliance (NSACA)
1137 Washington Street
Boston, MA 02124
(617) 298-5012
Fax: (617) 298-5022
http://www.nsaca.org

Policy Analysis for California Education (PACE)
University of California at Berkeley
School of Education
3653 Tolman Hall
Berkeley, CA 94720-1670
(510) 642-7223
Fax: (510) 642-9148
http://wwwgse.berkeley.edu/research/PACE/pace.html

Urban Institute
2100 M Street, NW
Washington, DC 20037
(202) 833-7200
http://www.urban.org

USA Child Care
3606 NE Basswood Drive
Lee's Summit, MO 64064
(800) 484-9392
Fax: (816) 373-5914
http://www.usachildcare.org/

U.S. Department of Agriculture
Food and Nutrition Service
14th & Independence Avenue, SW
Washington, DC 20250
(202) 720-2791 (General USDA)
http://www.fns.usda.gov/fns/

U.S. Department of Commerce
Bureau of the Census
Department of Commerce
Washington, DC 20233-7400
(301) 457-1128
http://www.census.gov/

U.S. Department of Education
National Center for Education Statistics
555 New Jersey Avenue, NW
Washington, DC 20208-5574
(202) 219-1828
http://nces.ed.gov/

U.S. Department of Health and Human Services
Administration on Children and Families
370 L'Enfant Promenade, SW
Washington, DC 20447

Child Care Bureau:
(202) 690-6782
Fax: (202) 690-5600
http://www.acf.dhhs.gov/programs/ccb/

Head Start Bureau:
(202) 205-8572
http://www.acf.dhhs.gov/programs/hsb/

U.S. Department of Labor
Bureau of Labor Statistics
Division of Information Services
2 Massachusetts Avenue, NE, Room 2860
Washington, DC 20212
(202) 219-5886
Fax: (202) 606-7890
http://stats.bls.gov/

Women's Bureau
National Resource and Information Center
200 Constitution Avenue, NW, Room S-3317
Washington, DC 20210-0002
(800) 827-5335 or (202) 219-4486
Fax: (202) 219-5529
http://www.dol.gov/dol/wb

U.S. General Accounting Office (GAO)
441 G Street, NW
Washington, DC 20548
http://www.gao.gov/
For GAO Reports to print out:
http://www.access.gpo.gov/su_docs/aces/aces160.shtml

Welfare Information Network
1000 Vermont Avenue, NW, Suite 600
Washington, DC 20005
(202) 628-5790
Fax: (202) 628-4206
http://www.welfareinfo.org

Zero To Three/National Center for Infants, Toddlers & Families
734 15th Street, NW, Suite 1000
Washington, DC 20005
(202) 638-1144
Fax: (202) 638-0851
http://www.zerotothree.org

Publications of the Child Care and Development Division — Children's Defense Fund November 1999

General Information

■ **Child Care Challenges.** Gina Adams and Karen Schulman. CDF: May 1998. (prices below)

A 50-state series of individual state reports demonstrating the problems that families in every state face in finding affordable, quality child care. Using national, state, and local data, the reports show that no state has addressed the full range of child care challenges — such as prohibitive costs, inadequate quality, and shortages of the types of care families need. State reports are available individually, as well as packaged by region (regional reports).

Individual State Reports	$1.95
Regional Reports	$5.95
All 50 States	$19.95

■ **Issue Brief: The High Cost of Child Care Puts Quality Care Out of Reach for Many Families.** Karen Schulman and Gina Adams. CDF: December 1998. ($3.95)

This report provides data on the cost of child care across the nation and demonstrates the difficulties many families face in affording high quality care. The report finds that child care for a 4-year-old in a child care center averages $4,000 to $6,000 a year in cities and states around the country — more than the average annual cost of public college tuition. The report includes data on child care costs for infants, preschool and school-age children, costs in child care centers and family child care homes, and costs in urban and rural areas throughout the U.S.

Reports on Child Care Subsidy Policies and Investments

■ **Child Care Subsidy Guide: An Introduction.** Nicole Oxendine Poersch, Gina Adams, and Danielle Ewen. CDF: December 1999.

This guide provides introductory information about state child care subsidy policies. Policymakers and advocates will find it helpful, as it discusses issues including funding, eligibility criteria, market rates, entitlements, vouchers and sliding fee scales. The report details the implications of difficult policies choices and recommends child care subsidy policies to help low-income families pay for child care.

■ **Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families.** Gina Adams, Karen Schulman, and Nancy Ebb. CDF: March 1998. ($5.95)

This report examines the adequacy of state child care subsidy policies such as eligibility cutoffs, waiting lists, reimbursement rates, and parent fees (as of January 1998). Based on a 50-state survey, the report found that many hardworking, low-income families who need child care assistance face a series of locked doors due to low-income cutoffs which keep them from being eligible, long waiting lists if they are eligible, or because no one informs them about the possibility of assistance. The report also found that many families who are fortunate enough to get assistance still face problems due to low reimbursement rates or high parent fees.

■ **State Child Care and Early Education Developments: Highlights and Updates for 1999.** Helen Blank and Nicole Oxendine Poersch. CDF: December 1999. ($5.95)

This annual update of state actions on child care and early education issues again examines changes in funding, eligibility, payment rates, quality initiatives, licensing, prekindergarten and State Head Start programs, and more, updating the information published in 1998.

■ **State Child Care and Early Education Developments: Highlights and Updates for 1998.** Helen Blank and Nicole Oxendine Poersch. CDF: February 1999. ($5.95)

This report provides highlights and updates regarding state actions on child care and early education issues during 1998. The report examines changes in funding; eligibility, payment rates, quality initiatives, licensing, prekindergarten and State Head Start programs, and more. The report is a supplement and companion to the information presented in State Developments in Child Care and Early Education 1997.

■ **State Child Care and Early Education Developments: 1997.** Helen Blank and Gina Adams. CDF: November 1997. ($4.95)

This report examines the range of state child care and early education policy developments in 1997. It examines the developments in the area of child care subsidies for families on welfare and low-income working families not on welfare, both in funding and in key policy areas such as eligibility, parent fees, reimbursement rates, and quality protections. It also provides information on state efforts to improve the quality and supply of child care, as well as an update on state efforts in the area of prekindergarten initiatives in 1997.

■ **Helping Parents Work and Children Succeed: A Guide to Child Care and the 1996 Welfare Act.** Helen Blank. CDF: January 1997. ($5.95)

This report is a guide for advocates and policy makers who are involved with implementing the new Child Care and Development Block Grant and the child care policy issues related to the Temporary Assistance for Needy Families (TANF) Block Grant enacted in 1996. It provides an overview of key decisions that states must make in setting strong child care subsidy policies, and discusses the implications of each of these policy decisions.

■ **Who Cares? State Commitment to Child Care and Early Education.** Gina Adams and Nicole Oxendine Poersch. CDF: December 1996. ($5.95)

This report examines relative levels of state financial commitment to child care and early education in 1994, and ranks states on their relative commitment levels per child. It shows that state commitments depend more on state "will" than "wallet", and that child care and early education investments lag far behind other state priorities (such as corrections). It also demonstrates that inadequate levels of state commitment jeopardize the success of efforts to reform welfare and help children enter school ready to learn. This report includes state-by-state fact sheets with the key findings.

■ **Pre-Welfare Reform State Child Care Policies: Original Data.** CDF: January 1995. ($20.95)

This series of tables offers advocates and researchers the pre-welfare reform baseline data regarding state child care subsidy policies, including: eligibility guidelines, parent copayments, state reimbursement rates, payment approaches and systems, types of care utilized, and guidance provided to parents. Also included is an introduction and a brief analysis of each issue, as well as overviews of the state child care programs available in 1995. The package comes as a set with a disk and a hard copy.

Reports on Policies Enhancing Child Care Quality and/or Supply

■ **How Safe? The Status of State Efforts to Protect Children in Child Care**. Gina Adams. CDF: October 1995. ($5.95)

This report updates many of the state licensing policies examined in *Who Knows How Safe?* (released in 1990 by CDF) and includes other information not examined in the 1990 report. The data examined here reflect state policies as of November 1993. The five sections include a summary of state policies and state-by-state charts on exempting certain family child care providers from state licensing or regulation, selected health and safety regulations, state policies on the number of children allowed per caregiver and maximum group sizes, and the extent to which states inspect regulated programs.

■ **Protecting Our Children: State and Federal Policies for Exempt Child Care Settings**. Helen Blank. CDF: January 1994. ($5.95)

This report provides an overview of state and federal policies on protecting and supporting children in unlicensed child care settings that receive public funds, their influence on health and safety of children in care, and the impact on parents' choices of care. Also included are steps states should take to ensure the health and safety of children enrolled in exempt family child care and recommendations to implement basic protections and support initiatives to expand the supply of quality family child care options.

■ **Promoting Access to Quality Child Care: Critical Steps in Conducting Market Rate Surveys and Establishing Rate Policies.** Louise Stoney. CDF: August 1994. (Also available, **Rate Surveys and Policies: Key Issues for Advocates**. Ibid.) ($5.95)

This report examines a range of issues around establishing reimbursement rates for child care. It includes a discussion of the strengths and limitation of the market rate concept, what can be measured in a market rate survey, an outline to conducting a market assessment survey, how to decide what information should be included, preparing the survey instrument, and using the survey data to establish rate policies that support good quality care and parental choice.

Reports on Prekindergarten, Head Start, and Early Childhood Programs

■ **Seeds of Success: State Prekindergarten Initiatives, 1998-1999.** Karen Schulman, Helen Blank, and Danielle Ewen. CDF: September 1999. (9.95)

What is your state doing to provide prekindergarten for its children? How does your state's prekindergarten initiative compare to those in other states? This report is an update of an earlier CDF study. It provides state officials, advocates, and others interested in early care and education with an overview of state efforts to support prekindergarten initiatives. It examines the progress states have made over the past decade in ensuring that high quality prekindergarten is available and accessible to children and in integrating their prekindergarten initiatives with other early childhood supports. It also considers further steps states can take to strengthen their initiatives.

■ **Head Start: Helping Families Move from Welfare to Work.** Belva Finlay with Helen Blank and Nicole Oxendine Poersch. CDF: May 1998. ($3.95)

This report focuses on the efforts of Head Start programs to help parents gain the confidence and skills needed to move successfully from welfare to work. It contains profiles of individual programs and reports on the stumbling blocks and successes these programs experienced in their efforts to help families move from welfare to work.

■ **Working Together for Children: Head Start and Child Care Partnerships**. Nicole Oxendine Poersch and Helen Blank. CDF: January 1996. ($5.95)

This report examines the efforts of several visionary partnerships that have pioneered in bringing Head Start and child care together for the children in their programs. While the partnerships vary in scope and design, all of the initiatives discussed provide comprehensive services to children and families, including: full-day care and education, social services, health services, parent involvement, and a commitment to quality.

■ **First Steps, Promising Futures: State Prekindergarten Initiatives in the Early 1990's**. Gina Adams and Jodi Sandfort. CDF: 1994. ($7.95)

This report includes an overview of the scope and approaches of state prekindergarten initiatives as of 1991-92, as well as information on state policies that promote quality in and access to state prekindergarten initiatives and information on building a comprehensive system for early childhood care and education.

■ **School-Age Care: Federal Funding Opportunities.** Helen Blank and Kim Wade. CDF: Revised February 1999. ($2.95)

This updated guide includes an overview of federal funding sources available to support school-age care, as well as information about how to apply.

Information on Ways to Expand Advocacy

■ **Working with State and Local Elected Officials: A Guide for Early Care and Education Advocates.** Prepared by Helen Blank and Nicole Oxendine Poersch. CDF: 1996. ($5.95)

This report is a guide for state advocates on how to effectively work with state and local elected officials to impact policies that affect children in their states.

■ **After-School Public Service Announcement (PSA)**. ($24.95)

Wish you had an after-school public service announcement but haven't had the time or money to produce one? Now it's possible! We are making broadcast-quality copies of our After-School PSA available to providers and advocates across the country. The After-School PSA features two school-age children. The PSA has blank space at the end for a local tagline. The PSA package comes with one broadcast-quality beta tape that can be run by local stations as well as one VCR dub of the PSA.

■ **Child Watch Visitation Program Focus On: Early Care and Education.** Prepared by the Children's Fund: 1995. (Free)

A guide for child care advocates to participate and experience first-hand the success of early care and education in nurturing and preparing children for the future.

Also note that numerous child care fact-sheets and other child data are available on CDF's website at www.childrensdefense.org

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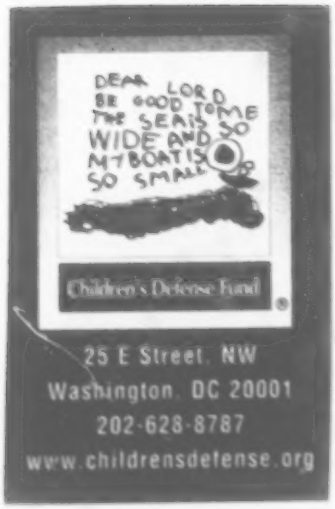

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